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Dec 1975

THE FABULOUS 4.0's

A Herculean achievement of gargantuan proportion is the attainment of an unbridled, perfect, straight - A, 4.0 average over the years at ICO. I see the feat as the closest thing to impossibility ever imagined by mankind. The hurdles are monumental: G.O., Pharmacology, Psych of Vision, Statistics, not to mention the optometrically-oriented courses that everyone "guns" for. I stand in awe and complete reverence at those who can weather such slings and arrows of outrageous fortune, run the gauntlet, and maintain that ethereal quality: perfection.

Needless to say, the strata that separate 4.0's from myself are numerous and great. It takes much higher motivation than I can conjure up to overcome the in-built somnolence that some peripheral courses offer. Even the more mainstream courses seem to present at least one exam during the year that shoots down good performances on all the others. How do 4.0's overcome this? How do they attack a professor's exam whose thinking is perfectly perpendicular to their own? How do they avoid poor performances due to colds

(cont.2)

OPTOMETRIC SHOP-KEEPERS

Optometrists are people who have shops and sell glasses to customers. This is apparently the view Time magazine holds of Optometrists as was evidenced by their half-price sale of their magazine in a letter sent nation-wide to Optometrist's shops.

By the time you read this, all the details will be "old-hat" since they were divulged in an editorial in the November issue of the AOA Journal by Dr. M. J. Eger, but the fact remains...if a well informed news publication like Time thinks of us as shop owners... how is the public supposed to know any different? Dr. Eger points out that the letter was sent out by the circulation department and therefore was not subject to editorial scrutiny, this is a plausible excuse, however, where there is smoke there is fire or simply if the people in the circulation department of a national publication that deals with all types of Doctors on a daily basis still think of us as shop-keepers then there must be many more less informed people who feel the same way.

(cont.6)

THE FABULOUS 4.0's
(cont. from page 1)

and flu at exam time, domestic worries at home, fatigue, and that ever present year-end case of apathy?

There must be some clue to their pristine performance. I mean, they are human (I know, I pinched one once). But there must be something special. A special diet perhaps? A magic potion?

Hypnosis? No, I hesitate to admit it, but the reason for the 4.0's success is that they are smarter and they try harder; that's all.

It is probably as second nature to them to attain perfection as it is for me to stumble about avoiding it (despite repeated attempts to the contrary). I could try to assuage my ego and rationalize the situation by saying I would be no happier to suddenly be a 4.0 than they would be to get their first "B". Or, I could be honest and admit that their achievement is truly incredible and shout "Hosanna!" at their every approach.

J. C. Walter, '77

DEAR JOHN

Fellow students, "the Hearts Association", in the interest of Humanity, and emotional stability will now provide a column in the school paper. This column will be reserved for ICO students with special problems that need special concern. You merely write out your dilemma and deposit it in the student mail box in care of "Dear John", Box 499. These letters will be carefully read by our notorious president Johnny "The Vee" Valentino and then published with his advise to you.

Before we get to the letters recently submitted, I would like to
(cont. Column 2)

Dear John (cont.)

clarify a mistake in our first article. Those men stated as Charter members are in all actuality not charter members but shall we say, Auxillary members. The Charter members, or Original members of our most high association, are those stated in the first paragraph of the article.

Also, at this time the members and friends of "The Hearts Association" would like to thank most warmly those members of the fourth year class that worked hard on the now adopted pass-fail system for the fourth year.
Heartily yours,
Doug McBride
Secretary

And now, here's.....Johnny!

Dear John: Please help me!! I'm a first year student with serious problems and I don't know what to do. First of all I'm in hock up to my ears, my mother thinks I want to work at Sears, my friends all look at me and say, "four years?" My girlfriend left me for a P.E. major at U.W., Madison, and my stomach is rebelling against Gus's Greasy Delights. But my big problem is this; I'm flunking G.O. All through my college career I was a math wizard, A's in all courses through Calculus. However, I freeze! I can't answer the questions right no matter what I do. I talked to Dr. Tennant and he said: "Don't worry, everyone does just fine". Help!
Nervous Frosh

Dear N. F.,
You will find that "Dr. T" is probably the best teacher in this school and by the by you will find he is right, just
(cont. 3)

Dear John

(cont. from page 2)

do your work, study hard, charge your calculator, and sleep before all tests. If you still do bad--Sears starts at \$30,000/yr.

"The Vee"

Dear John, I'm a second year man, and have quite a problem. I am currently in the process of running for a high office of an anonymous organization. I've been handing out 2x3 color photographs hand autographed. I've given away free food and drink to the voting members of this organization, and have "bent over" backwards to get support. But alas, I have no support as of late. What can I do to win votes?

Signed, Bearded Iowan

Dear B.I.,

Being president of an organization I know about these things. Often times during my long, hard campaign, I almost yelled "horse do-do" and hung it all up. But I hung in there and followed through. My thoughts for you are first, shave, second, don't slobber when you kiss the babies, and third change your residency from Iowa to Illinois.

"The President"

Dear John, I am 21 years old. I have blonde hair and blue eyes and am fairly good looking. About a month ago I had my eyes examined at Illinois College of Optometry. Well to make a long story long, I feel in love with my student doctor. He had a terrific body, black curly hair, and spoke with an Italian accent. Needless to say, I fell hopelessly in love. The only bummer was he told me I had "plaino" eyes. I think his Italian accent is cute, but it breaks my heart that he thinks my eyes are plain? What can I do?

Signed, Plaino Jane

(cont. on column 2)

Dear P. J.,

Whena the moona hits the sky likea biga pizza pie, that's whena he'll fall ina love with you....

Also P.J. try wearing a garlic necklace and brush your teeth with oragano. Takes my word for it, he'll love you more than Mama Celleste.

Signed, "Johnny"

Dear John, I'm a third year student with a confidential problem. I'm married to a dental student who insists I work only on his eye teeth. I would not object except his breath makes the streak in my retinascope wilt! This has become terribly frustrating due to the poor reflex I get from his eye teeth with a wilted streak. Please advise me how I can save my marriage, and still be able to improve my retinoscopy?

Yours truly,
Cornilius Molar

Dear Ms. Molar,

Wow get whiz my dear friend Cornie, only once before have I heard such a story, A tooth in the eye, that ain't no joke, But don't you worry we still have hope, for there is a man who knows so much, of teeth in eye and other stuff such, so don't get down and scream and pout, for Doctor Wodis will help you out!!

"The Curly Haired

ATTENTION

Hyperope"

The Red Garter Club Charter Members are seeking more fun-loving, dixie-land singing beer drinkers (or what ever else tickles your tongue). Meetings are held periodically at 62 E. Pearson (just off State). Members must be prepared to dance and sing to the dixie-land beat and generally have a great time. No admission charged, no dues (except the cost of your favorite beverage).

A STEP FORWARD

"United we stand, divided we fall," the saying goes. With unity comes communication. With communication comes the pooling of ideas and the realization of common goals. With common goals and a definiteness of purpose progress benefiting all is achieved. This very idea occurred to Mary Foley, National Student Nurses Association (NSNA) president, a little over a year ago.

On November 14, 1974, the Presidents of the National Student Nurses Association, Student American Pharmaceutical Association, Student National Pharmaceutical Association, the Immediate Past President of the American Optometric Student Association, and the Co-Chairman of the American Podiatry Student Association met at the NSNA office in New York. This meeting was initiated by Mary Foley in an effort to improve communication between the students of the health professions. An organization of Presidents and Executive Directors of student health professional organizations was called for and tentatively named the National Student Health Alliance (NSHA). The first official meeting of the new-born NSHA was scheduled to take place on April 4, 1975 at the headquarters of the NSHA.

The first meeting of the NSHA on April 4 commenced with the informal discussion of the various aspects of the student health groups represented. These included the National Student Nurses Assoc., American Optometric Student Assoc., American Podiatry Student Assoc., American Medical Student Assoc., and the Student American Pharmaceutical Assoc. Although all health professional student organizations were invited to attend,

(cont. on column 2)

many elected not to for various reasons. The representatives that were present determined that the structure of the NSHA would be made to fit the objectives of the organization.

The objectives set forth were of two types: long range, on going objectives and short range, immediate action objectives. They are as follows:

- A. To increase and facilitate interdisciplinary awareness, communication, and cooperation between student health professionals.
- B. To support and/or develop more efficient and effective health care delivery models that will result in higher quality services for a broader range of patients and clients, especially through the sharing and/or development of interdisciplinary projects and programs.
- C. To encourage and increase student participation in the development of interdisciplinary undergraduate and graduate programs that more closely anticipate and reflect the changing needs for health care delivery.
- D. To develop more effective channels for coordinated joint advisory input into major governmental agencies.

After the objectives were developed, a brainstorming session on how to implement these objectives was undertaken.

The implementation of objective A is as follows:

- (1) Exchange publications, agendas of activities and other pertinent organizational material between all associations.
- (2) Exchange directories of association officers, trustees, board members, committee chairmen, etc.

(cont. on 5)

(3) Exchange a set of guidelines for enacting policies in other organizations such as channels and protocol.

(4) All national meetings (regional and local meetings if desired) should be open to other associations and an invitation should be sent out as an expression of good will.

(5) Articles about other health professions should appear in the association's publications. Articles of special interest written by other professions with specific expertise should also be exchanged.

(6) Student Services should be shared whenever possible.

(7) The Association should attempt to coordinate the activities of equal or similar committees.

Objective B is implemented as follows:

(1) To develop criteria for sound interdisciplinary projects.

(2) Contact organizations which utilize innovative health delivery models to enlist their support to utilize students from many disciplines.

(3) To actively seek interdisciplinary inclusion in ongoing projects and programs.

(4) Develop a directory of inter-professional projects.

Objectives A and B are short range and have already begun. Objectives C and D are long range and will be acted upon as soon as the objectives of A and B are well under way. Objective C will be initiated as follows:

(continued column 2)

(1) An Interdisciplinary Educational Review Committee will be established and made up of one (1) representative from each NSHA member organization. (The specifics for this committee are still being worked out.)

(2) To develop criteria for interdisciplinary education.

(3) Approach policy making groups (ie: ASCO, AAMC) representing interdisciplinary educational programs.

(5) Implement these programs on the local level.

The final objective, D, is both long range and immediate.

(1) Each piece of legislation that a member of the NSHA feels pertinent to the group will be reviewed by the group and appropriate action will be by consensus of the group.

(2) Petitions, policies, and joint testimony will be undertaken as the methods of action.

The NSHA members determined that the organizational structure will remain informal with a rotating chairman, one from a different profession, determined by the group at each meeting. The next meeting was scheduled to be held Sept. 19 and 20 and chaired by the President of AMSA. All information is to be collected and coordinated by AMSA and sent to NSHA for secretarial services and distribution. SAPHA also offered the use of their central staff services.

Many aspects of this first meeting of the NSHA are not described in this writing. But, I'm sure all of you can see that a definite beginning has been made
(cont. on page 6)

A STEP FORWARD
(cont. from page 5)

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and is being continued. If the NSHA is to become a viable organization it will require the work of all AOSA members with no exceptions. NSHA's future is up to us, and it is vital that it succeed. For, if we can work together as students in the present, then we lay the groundwork for being united as professionals in the future.

Christopher Tencza '76

AOSA NEWS

AOSA trustee, Bob Emery has the applications to join COVD, the College of Optometrists in Vision Development. The purpose of COVD is to establish a body of practitioners who are knowledgeable in functional and developmental concepts of vision.

The American Public Health Association held its annual convention here in Chicago on November 16-20. Bob Emery, Chris Tencza, Bernie Maslowitz, and Dr. Avery Shulman attended the Vision Care committee meeting of the Medical Core section of the APHA. This meeting was attended by selected representatives of the AOA and selected members of the APHA. A two hour discussion was held to determine the possibility of establishing a vision care section in the APHA. This committee established a sub-committee to draft a position paper which will be reviewed at the next semi-annual meeting of the APHA.

Bob Emery, '77

ATTENTION 2nd YEAR CLASS!

Attention second year class! The majority of our instructors are good about being on time for their lectures, but some are not. How soon will the day be when we will not have time for our lectures because our breaks between class
(cont. on column 2)

exceed our lecture time?

Students have told me that we are milling around anyway so what's the difference? Well, I'm sure that if the instructors involved would begin their lectures on time, we would, in good Pavlovian style learn to sit down.

I have also been told that our teachers can or will be able to compress their lectures into the remaining time available. If this is so, then why should we be subjected to so many hours of class each term when this material can be taught in less time?

My class officers up to this time, have felt this to be a minor problem compared to all the momentous issues they are confronting our administration with and like good politicians, don't want to ruffle any tail-feathers.

Well my courageous leaders, your jobs are no more God-Given than Nixon's was and as Humpty Dumpty will attest, even you will fall from your high office someday.

Sam Wolfson, '78

OPTOMETRIC SHOP-KEEPERS
(cont. from page 1)

The first thing that comes to mind after reading such outlandish statements is to get even with Time, "We'll show'em we'll boycott their magazine", but when the air clears we realize that, not only would that be an effort in futility, but that it isn't the magazines fault, it is our own. So then the question arises, "What can we do about our image?" After spending eight years in school we do not want to be thought of as "refracting opticians". Then comes the light, "We'll start a national campaign to educate the public!"

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OPTOMETRIC SHOP-KEEPERS
(cont. from page 6)

the public!" Sounds great, but that requires a fortune in finances and what is more, it would require organization and a joint effort of all concerned. Then we think that is not very practical since we can not even get together to boycott for a good reason, why should we suddenly have unification when so many are apathetic; they have made their fortune selling glasses so what is wrong with that? When it all boils down to after all the plans are exhausted is this adage of old: "if you want something done, and done right....do it yourself!" "But what can I do myself", comes the sudden cry, "I'm just one lonely O.D. in a sea of thousands of ignorant lay and professional people".

By now, many of you have seen the answer coming for some time.... "Optometric Physician". Once you have overcome your self induced modesty and have acknowledged the fact that you are going to be an Optometric Physician you set aside your cynicism and start looking realistically at a simple term that has possibilities for getting us out of the shop-keeper box and into a professional image. These possibilities are only bounded by your own imagination. To just begin, if we call ourselves Optometric Physicians everyone knows physicians don't have shops, they have offices and patients not customers. As a physician we take care of and treat, we don't sell. If we stir up a furor with the medical physicians, they will not challenge it, because they already lost that battle when the Osteopaths became Osteopathic Physicians, but they will look at our education and profession once again and then draw their own conclusions based on

(cont. on Column 2)

today not twenty years ago.

As Optometric Physicians we stand a better chance of getting more states with drug laws, and as doctors who use drugs, people know they do not have shops. The list is endless, I'm sure you can think of many possibilities I have not even dreamed of, if so then your own article is more than welcome or give your ideas to me and I will pass them along in a later column.

So much for idealism, now let us get down to hard facts and how we are going to use Optometric Physician to enhance our image.

The first thing you should know is that it will not always be easy to use. If you are planning on associating with an older O.D. you will find it is very difficult for him to justify changing his letter head from Optometrist to Optometric Physician. The reasons are obvious, lack of education partly, but mostly habit and embarrassment, he has been using Optometrist for twenty years, how could he change now? Next you may encounter some harrassment from the O.D. down the street or your local society, but as one faculty member put it "your local society is your own worst enemy" meaning they do not want you doing anything that will help you and thus hurt them. Of course they could change too, but probably would not for the above mentioned reasons; it is easier to impede the progress of Optometry by taking potshots than to do something constructive for it.

Since the term is perfectly legal, here is how to use it legally. You may use "O.D." or "Dr." with Optometric Physician but not both. You must specify. Optometric in

(cont. on page 8)

OPTOMETRIC SHOP-KEEPERS
(cont. from page)

8

conjunction with the physician so as not to deceive the public. You may use the term anywhere the word Optometrist is now used on stationery, windows and professional cards. That's all there is to it. There's no degree change or hocus pocus magic about it. If you would like more information on the term, I have a fairly complete bibliography on articles and laws passed concerning its use, since it has only been around since 1973. It is still new and the list is not terribly long or if you want to talk to some of our more progressive staff doctors who are planning on using Optometric Physician to help promote Optometry (and themselves), I'll be glad to direct you to them.

One final point was raised by a fellow student when he asked if there would be any confusion by the public between a Medical Physician and an Optometric Physician, after reading Time, I'd rather be confused with a Medical Physician than a Shop-Keeper.

Gary Fisher, '76

EDITORIAL-STUDENT VIEWPOINT

Student apathy is a term that seems to be used frequently, much to frequently in certain instances. Students this year have shown that they are concerned about their education and school in general. A specific case in point follows.

Third year students have reached the point of drowning in academic hours at a time they can least afford such a burden. It is time to look over the past and forget the idea that third year has always been heavy. A committee of students is working on curriculum
(cont. on column 2)

revision. The committee would like to make it clear that these are a few suggestions that were brought forward at meetings, a final proposal has not been drafted.

Geometrical Optics was suggested to become a first year course totally, with a revision in the number and content of laboratories. Along with changes in first year, utilization of the course, Optometry, Profession and Science was suggested. If case history, human retinoscopy, and entrance tests were introduced, more time would be available in second year pre-clinical procedures for content revision.

In second year some changes have already been made by the Administration. Pharmacology spread over two quarters and Vision Therapy is now a third quarter course. Dispensing was thought to be easily combined into Ophthalmic Optics with a combination laboratory. Teaching second year students to actually "fit to face" with a third quarter clinical dispensing period would allow third year more time in general clinic and free fourth year from dispensing totally.

With revision in second year and in first, time would be available to teach clinical techniques, tonometry and biomicroscopy, to second year students during the third quarter. Allowing the use of these procedures in third year, first quarter clinic.

Third year remains basically the same, except for the reductions. A course introducing actual clinical case analysis and prescribing should be introduced and is desperately needed, perhaps integrating this into a revision
(cont. on page 9)

of third year Optometry would solve the problem.

What is the basis for these changes? The committee surveyed the curriculum from the other Optometry schools and compared programs. Finding that the maximum number of hours was 22 usually prior to third year, ICO third year, first quarter was $26\frac{1}{2}$ credit hours, not including clinic contact. A cosical sequence of courses was kept in mind, so a progression of knowledge would be maintained, which is essential. Preparation for boards was considered in suggestions of course content revision. The purpose of these revisions is not specifically to make third year less traumatic but to redistribute and equate the curriculum throughout the four years.

When students take it upon themselves to analyze their curriculum for the purpose of building the profession, this may be as much a comment on a lack of administrative academic leadership as it is on student enthusiasm. Student Apathy.....I don't think so.

SPORTS OF SORTS

Greetings fans. Your fearless sports analyst is back for another year of eyeballing the local athletic scene. Ah, it is good to be back in lovely south Chicago. Speaking of good things, the third year class, a vintage year, has won just about every major championship. Last years basketball and softball titles were hotly contested, but the teams with the sturdiest nerves and the most cold beer running in their veins finally prevailed. The Purdue, Clark, and Kincaid front line were not only

(cont. on column 2)

tough in IM basketball, but also in ICO's intercollegiate tournament play as EyeBall U. They placed second in the league tourney with Dave Kincaid being named the most valuable player in the league. Not bad guys, but this year we should see improvement as last year was the first year ICO played in the Inter-City league. In softball the third year team was anchored by solid hitting and fielding with Rick Anderson still to pitch his first loss. Such class! So mush for last year.

This year rumor has it that there was some minor football played, but nothing worth mentioning. We have a special event to announce: the first annual ICO Holidays Football Pool. It features free entry and a chance at a free Gino's Pizza. All you have to do is pick the following winners. Good luck.

- | | |
|---------------|-----------------------|
| 1. Ohio State | 7. UCLA +15 |
| 2. Oklahoma | 8. Mich. + 8 |
| 3. Alabama | 9. Penn +4
State |
| 4. Nebraska | 10. Ariz + 5
State |
| 5. Texas A&M | 11. USC + 2 |
| 6. Arkansas | 12. Georgia +10 |

Superbowl Winner

The obvious winners are 1-8-9-4-11-6-Minnesota

In odds and ends, Indiana will be No. 1 all basketball season. Montreal will win the Stanley Cup. Iowa wins the National Wrestling Title. Neil Einhorn will win the paddleball title again here at school. The New York Knicks and the Boston Bruins sink into oblivion where they belong, and finally, What-A - Pleasure will win the Florida and Kentucky Derbys.

Dexter Wilson '77

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Flowing
Dancing

though in IM basketball, but also
in 1901's intercollegiate tourna-
ment play as football. They play
ed soccer in the league journey
with Dave Kinnell being named the
most valuable player in the league.

Not only that, but this year we
should see improvement in last
year was the first year 100
played in the inter-collegiate
in football the third year team
was anchored by solid playing and
trailing with Rick Anderson still
to watch his first year. Such
oldest 50 must for last year.

This year there was it that there
was some which is well played,
but nothing very exciting. We
have a record to announce:
the first and the only time
to play football in the first
entry and a record to be
made. We have to do
is pick the winners.
Good luck!

1. Ohio State 7, WMA 4-5
2. Michigan 6, WMA 4-8
3. Kansas 8, WMA 4-4
4. Nebraska 10, WMA 4-5
5. Texas 11, WMA 4-2
6. Indiana 12, WMA 4-10

Understand, however
the obvious winners are 1-2-3-4-5-6

and Ohio, Indiana will be
the football season.
Michigan will win the Stanley
cup, the first and the only
time in the history of the
league. Last year's basketball
team was the first to win
the league, and the first to
win the Stanley cup.

A - Indiana will win the
Stanley cup, the first and the only
time in the history of the
league.

STUDENT VIEWPOINT
(cont. from page 1)

of kind your opportunity would
solve the problem.

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Preparation for fourth year consideration
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visions is not necessarily to make
third year less difficult, but to
redistribute the work over
four years.

When students take these changes
are to analyze their situation for
the purpose of making the most
effective use of their time. This
comment on a lack of change in
student learning as it is of
student attainment. Student
attainment... I hope to find out.

SPORTS OR STUDY?

Brothers, your knowledge
sports should be back for another
year of developing the local athlete-
the athlete. It is good to be
back in lovely scenic Chicago.
Speaking of good things, the
year class, a vintage year, has
won just about every major champ-
ionship. Last year's basketball
and football titles were easily
contested, but the same with the
student's nerves and the heat cold
best running in their veins finally
prevailed. The tennis, golf, and
Kinnell from time were not only
(cont. on column 2)

FOCUS

NEWSPAPER BY
AND FOR STUDENTS

April 1976

TO LEARN OR NOT TO LEARN THERE SHOULD NOT BE A QUESTION

Here a few thoughts about a subject I've never really heard much about at the college. Maybe it's taboo; something better thought about than talked about as far as the administration and faculty are concerned. I'm thinking of quality control--as it pertains to teaching.

We all work, study, and someday graduate (?) from one of optometry's finest institutions. What makes it great is the knowledge imparted to its students. Thus, we really have a great thing going, right?? Well, yes and no. We're fortunate that ICO is flexible in what it can and does teach. For this we should be grateful. Evaluation of the subjects that are taught is a well debated area with active participation by both faculty and students alike. However, one very neglected item is the evaluation of the teachers themselves. Without an adequate instructor, the course supposedly taught is worthless.

Not once in my four years at ICO have I seen someone from the higher-ups sit in on any of my classes. I ask how does the school know that a subject on its curriculum list is in reality taught to the students. We all have heard the familiar complaint that one has attended a course but has not really learned anything. (cont. p. 2)

IN EULOGY

This column is usually composed of some issue dealing directly with optometry, optometric politics, or the academia of optometry. However, this time it is dedicated to a recently lost friend of optometry, Lylele Chambers, better known as "Doctor Mama Mia".

It is well known that all single males entering our hallowed halls for their first year are sentenced to one year's time in the Brady Hilton. While supposedly trying to retire the mortgage on that monumental albatross, imprisoned freshmen have had but one bright spot to look forward to every day, and that was Mama Mia.

Conditions there are not as deplorable today as they were five years ago when Mama Mia made her first appearance at ICO. It was because of the stalag setting of recent years that past graduates and upper classmen are probably more indebted to her for salvaging their sanity than to any other person. After a day of sitting in the first year room with your knees in your chest and wondering when the guy behind you was going to slip you the proverbial knife, after getting back a test with a one-legged "A" that could mean a one-way ticket to the Army, after a verbal assault you made out of frustration (cont p. 2)

IN EULOGY (cont from p. 1)

that somehow got to the dean of students via the housemother that landed you in front of the honors committee, after ... well, just after a day at ICO, you could always count on a greeting from Mama Mia of "Hello, Doctor, how are you today?" or some other ray of warmth that just seemed to make the day tolerable after all. You didn't know what you might be getting from the food or how long the indigestion would last, but it all seemed worth it just to have someone not act like you were the scourge of optometry and were ready to give you your walking papers.

As a first-year, feeling like you were on the bottom of the pile with everyone piling more on, looking at the seniors and wondering how they survived, little would you realize that for many, they wouldn't have made it at all or at least in one piece if it weren't for the daily encouragement from Mama Mia of "Hello, Doctor" to get you through that first year with hope.

Everyone that she came in contact with has something special to remember about her and how she individualized her greeting to each student. There isn't a student that can't remember teasing her in jest with something of his own that she just laughed off and made you feel better.

There are many people in optometry who hold high positions and feel themselves that optometry couldn't go on without them while in actuality very few would even notice they were gone. This isn't the case with Mama Mia. As seniors graduate this year something very noticeable will be missing. Dr. Mama Mia won't be in the audience for the first time in five years. She took alot of pride in what she helped turn out-- we were her boys, and she was our Mama Mia. Optometry is going to miss her.

Gary Fisher '76

TO LEARN (cont from p. 1)

Sure, students may gripe about a particular teacher. The curriculum evaluations committees get wind of it and ultimately decide the course could be better structured. The course still ends up being taught the same way and usually by the same person. I daresay if Dr. Rosenbloom had to sit for a couple of hours trying to keep awake or trying to make sense of the material expounded for a certain few select lectures there'd be a change or two.

It would seem that what ICO could well use is a peer review system on the teaching level. If an instructor knew that the course he was teaching could at any time be evaluated by those who know what the course should be like, he or she would be more inclined to teach in the best manner possible. But what of those who have taught for years and won't change their classroom styles no matter what anyone says? My answer to that is priority. Which comes first -- tenure or the quality of teaching???

We now come to another area discussed primarily over cups of in-tasting coffee and stale rolls in the student lounge. Does anyone know how staff doctor competency is maintained? If ever there was a peer review system needed it's here. Every intern knows there are a number of staffers around whose clinical ability should seriously be questioned. If the ultimate in our optometric learning experience is the clinic how can such gross mismanagement be condoned? ICO had better make an inward search of itself before it gets too late...

Chris Tancza '76

SPORTS OF SORTS

Greetings fans; it's been a real pleasure this winter to watch and report the sports happenings here at Eye Ball U. It may have been cold in the class room, but ICO's intercollegiate basketball team was better than a Michael Reese nurse on Halloween. When you're hot, you're hot. Lead by Tom Ritzenthaler, the Chicago professional school tournament's Most Valuable Player, ICO breezed into the championship game and beat the foot doctors in one of the most exciting games seen this year. The team shared the regular season championship with the podiatry school, having split their two scheduled games each other and winning the rest. The championship game was decided in the final minute by key baskets from John Scarfoss who finished high point man in the game. John is our only graduating senior, and next year's team should be greatly improved even over this year. The transition from a intermural to an organized and talented intercollegiate competition has taken place in just two years here at ICO. What the team needs now is alot of financial support for new uniforms; sad to say, while playing like the Celtics, they looked like the refugees from the YMCA in Grundy Center, Iowa. Let's all get out and see a game next year; it's one of the better times to be had at school.

In other news, spring is here and class will be conducted on the golf course any day the mercury gets above 60. Currently a spring tournament is in the works for one Saturday in May. Softball season has started, and there's no better way to laze away a Sunday afternoon. Time for a cold beer....

Dexter Wilson '77

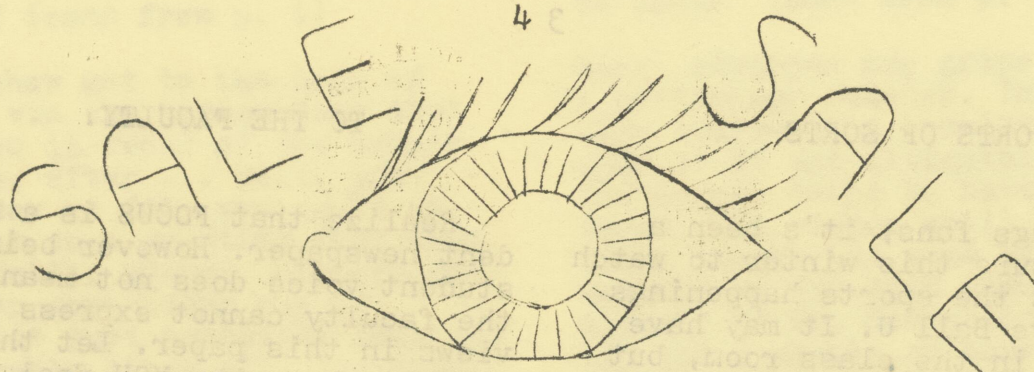
TO THE FACULTY:

Realize that FOCUS is a student newspaper. However being a student voice does not mean that the faculty cannot express their views in this paper. Let the students hear how YOU feel about various issues such as something interesting you heard at the last convention or an unusual case. This is a very open invitation. We are asking your involvement! Okay? OKAY!!!

TO THE STUDENTS:

FOCUS is a publication of the Student Association, but this does NOT mean that only Student Association members can express their views and ideas. The lack of response from the student body has been very disappointing. This is the perfect place to get rid of your frustrations and complaints that can be heard every day when one walks down the halls. Every one complains about something but no one does anything to make a change. Revolution and reformation must begin somewhere!!!! Why not in the FOCUS?? Get support for your changes from your future colleagues. Get off your seat and GET INVOLVED!!!! This is YOUR newspaper from YOUR school of YOUR profession. DO SOMETHING before we all become stagnant and stale.

KR



SATURDAY SPECIAL: World famous "Dr. Montana's OrthoKeratology" now only \$1999.95. Curve your cornea to suit your mood. Remember our motto;
YOU'RE O.K. WITH ORTHO-K

TODAY ONLY!!! But one frame at the regular price and get the second for only one penny more!! (not good for plastic or wire frames)

We have tints for every occasion- Basic Black: for formal...carefree Carmen...or PhotoGrey for those "in between moods" that make you what you are!!

INCREASE your amplitude of accomodation and get rid of those pesky headaches with our beautiful bi-focals. Now only \$19.95 tax and dealer prep.

VISION THERAPY Frank sessions on the evils of eso and exo -- those dirty tropias you just can't seem to get rid of

SEE THE WORLD THROUGH PRISMS!!!!!!
GET A NEW OUTLOOK ON LIFE!!!!!!!!!!

WE GIVE GREEN STAMPS

SPECIAL: intraocular pressures now on special for a low low \$1.50 each (limit one per person)

SEE WHAT YOU CAN SEE

House of Schlocktometry
for vision care
at a price
you won't
believe

As a service to our customers, we give discounts for coke bottles...

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OPA FOR A BETTER PRICE!!!!

Since I found that people did benefit from our last column, we now move from the Japanese cuisine to another part of the culinary world.

Having spent some time in Greece, my tastes for Greek food are quite particular. The best compliment that can be given to a foreign food restaurant is to have natives and descendants of that nation patronize their business. Indeed, if you speak English at the Psistoria Restaurant at 2412 West Lawrence, you'll be in the minority. The food is great at a moderate price. Dinner for four with wine would be about \$20 to \$25.

This Greek family establishment has the true Greek atmosphere. There is absolutely no rush, unlike Diana's and places of that nature. A live Bazookie band plays great music after 8:00p.m. every night. Service is friendly and fast. You may even be able to see Greek dances as they are actually done if a spirited patron is obliging to the waiters' "OPA!!".

It's an entire evening's affair. have dinner, sip Oozo, and join in the festivities. Reservations are rather limited, and I've experienced large waiting lines after 7:00p.m. OPA!!!!

Richard Jarvis

AMMETROPIA AS SEEN BY AN. OUTSIDER

Except when rationalized by lenses
My world is not what other men's is;
Unless I have my glasses on,
The postman is a leprechaun.
I can wish on either of two moons;
Billboards are graven with mystic
runes;

Shirts hung to dry are ragtag
gypsies;
Mud puddles loom like Mississippies
And billiard balls resemble plums,
And street lights are chrysanthemums
If my vision were twenty-twenty
I should miss miracles aplenty!

Ogden Nash

ANSWER TO LAST MONTH'S OPTOCROSTIC

A. Wood	M. Euphony
B. ITC	N. Roof
C. Lundy's Lane	O. Tribute
D. Liddell Hart	P. Iris
E. Irritated	Q. Oudh
F. Addenda	R. Lajos Kossuth
G. Mastodon	S. Aid
H. Soft Shoulder	T. Nuts to You
I. Gun Teams	U. Thatcher
J. Insult	V. Hurricane
K. Litvak	W. Early
L. Broadway	

William S. Gilbert: Iolanthe

"I wouldn't say a word that could be reckoned as injurious; But to find a mother younger than her son is very curious; And that's the kind of mother that is usually spurious. Taradiddle, Taradiddle, Tol-lol-lay!"

1 B	2 F	3 D	4 E	5 F	6 G	7 M	8 H	9 B	10 F	11 E	12 D	13 G
14 I	15 I	16 F	17 O	18 H	19 I	20 B	21 A	22 J	23 N	24 C		
25 J	26 M	27 Q	28 G	29 B	30 D	31 P	32 F	33 F	34 Q	35 D	36 K	
37 A	38 H	39 P	40 H	41 P	42 F	43 D	44 E	45 E	46 K	47 P	48 G	49 H
50 J	51 N	52 P	53 L	54 B	55 Q	56 P	57 G	58 H	59 F	60 G	61 G	62 P
63 D	64 I	65 A	66 L	67 P	68 Q	69 P	70 I	71 B	72 S	73 E	74 L	75 A
76 G	77 Q	78 H	79 N	80 S	81 I	82 M	83 P	84 C	85 L	86 F		
87 O	88 P	89 I	90 E	91 J	92 L	93 C	94 C	95 L	96 H	97 E		
98 Q	99 F	100 J	101 O	102 O	103 G	104 H	105 A	106 O	107 P	108 L	109 F	

ABOUT THE LOUNGE

The student lounge, ICO students' home away from home, can hardly be called a home. Rather its a garbage dump for what seems to be the most slovenly group of malcontents assembled anywhere, anytime.

In recent months there have been numerous attempts to improve the lounge environment. New paneling, extra lighting installed, new Szabo machines brought in, and new, larger waste containers have been obtained. All these improvements, ideally making the lounge a pleasant haven for the harried student (not patients), have had no effect on the students' foraging pattern. Trash consisting of cigarette butts, candy bar wrappers, half-empty coffee cups, and other less identifiable refuse are scattered about by students caring neither about the trashed appearance or stench of the lounge. Fellow students, I make an appeal: Get your **** together and put it in the containers where it belongs!!! ANON.

ON THE SAME SUBJECT....

Students: your representatives and certain faculty sponsors passed a resolution asking that patients not be allowed into your lounge, the student lounge, for a large number of reasons. This proposal was sent to the clinic administration. We now ask your support. Inform your patients. Remember, it's your lounge. Think of what it is for and the way you use it now.

R.H.SHARP '77

FOCUS is a publication of the ICO Student Association.

Produced by: Karen Robertson
Richard Jarvis
Kevin Lydon
Lee Lemon
Randy Melchert

Our thanks goes out to everyone who helps with the contributions and production!!!!!!

Well fans, here's another optocrostic from Mr. Weil. He has promised that this one is easier...Just write out the clue word in the blanks, then place each letter in the corresponding numbered box. Any questions, see Mr. Weil; he can answer them better than I can!!

CLUE WORDS

A. 18 31 47 75 37 105 65

B. 20 39 9 1 45 73 54

C. 93 94 24 84

D. 12 30 35 3 43 63

E. 4 11 44 71 90 97

F. 33 76 109 42 10 2 59 86

G. 97 5
103 57 28 76 48 6 13 60 61

H. 49 40 104 38 58 96 8 78

I. 64 89 81 14 19 15 70

J. 100 91 72 50 25 22

K. 36 46 32

L. 108 85 66 53 95 74 22

M. 7 82 26

N. 51 79 23

O. 102 106 101 87 17

P. 41 69 31 56 62 52 83 67

Q. 88 39 107

R. 34 55 68 80 77 98 27

DEFINITIONS

African antelope, closely related to the hartebeest and blesbok.

A very large lizzard or a very small battleship

Nickname of a well-known writer of a newspaper advice column; title of column might suggest the advice is expensive
Regretful, sorrowful

Shipworm, sounds like something else equally destructive to ships

Surveying instrument

Inclination to take offense

Device or machine for lifting or lowering things

Disappointment; easing up (slang)

How Franklin and Eleanor would describe Elliot (2 words)

Man's nickname, usually short for Edward.

Roman sword, gave its name to a flower

For what reason?

Lovable girl's name

Petulant, quarrelsome

Designating the U.S. Army between 1775 and 1783

Frighteningly ugly

Well fans, here's another optometric from Mr. Well. He has prom-
ised this one is easier... Just write out the clue word in the
blanks, then place each letter in the corresponding numbered box.
Any questions, see Mr. Well, he can answer them better than I can!

DEFINITIONS

CLUE WORDS

African antelope, closely related to
the kudu and blesbok.

A very large lizard or a very small
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Nickname of a well-known writer of a
newspaper advice column; title of column
might suggest the advice is ex-native
Regretful, sorrowful

Shipworm, sounds like something else
equally destructive to ships

Surveying instrument

Inclination to take offense

Device or machine for lifting or lower-
ing things, often a screw

Disappointment, easing up (slang)

Franklin and Eleanor would describe
(2 words)

Man's name, usually short for
Edward

Roman sword, its name is a flower

For what reason?

Lovable girl's name

Petulant, quarrelsome

Designating the U.S. Army betw
1775 and 1783

Frighteningly ugly

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FOCUS

A newsletter, by the students, of Illinois College of Optometry

FIRST ISSUE

SEPTEMBER, 1977

WELCOME BACK!

This year, with the help of many of you, we hope to improve future editions of our student paper. Many positions are still open on the newsletter staff which need to be filled, so that we can bring interesting reading for all of you. We will try to have great interviews and feature stories for you, and any ideas you may have to improve the paper are always wanted.

IN THIS ISSUE:

A controversial interview with Dr. Michael Shansky

AOSA News

Alumni Association Accomplishments

Interview with our new Student Council President

Grosvenor Interview (Part I)

Letters to Focus

STAFF:

Editor in Chief: Sam Wolfson

Feature Writers:

Catherine Cochran

Marsha Davis

Dan Jannotta

Denise Thanepohn

Typist: m

WANTED:

Positions are open in the following areas:

1. Feature Editor
2. Sports Editor
3. Graphic Design
4. First, Second, Third and Fourth year class co-ordinators to monitor issues important to each class.
5. Associate Editor
6. Copy Editor

Please contact: Sam Wolfson or leave a message in Box 482.

AN INTERVIEW WITH DR. SHANSKY

Interviewing Dr. Shansky is Dan Jannotta.

Dan:

Dr. Shansky, can you give us a general statement as to how the curriculum changes have come about?

Dr. S:

These changes came about as the result of many discussions that Dr. Grosvenor had with Dr. Rosenbloom and members of the faculty and selected members of the student body. From these discussions and his own analysis of our curriculum, Dr. Grosvenor came to some conclusions concerning the direction we should go. Primarily, changes were in the consolidation of course hours to allow greater free time for the students. Comments by students about course worth and/or the efficiency of certain courses, also lead to either their expansion, or consolidation, or placement in a different sequence.

Con't Page 2

Dan:

Over the summer, there was a lot of talk about attendance taking this fall. From your own personal experience in lecturing, do you feel there was a need for this change in policy?

Dr. S:

I'll have to answer that question two ways. First of all, to answer the question you actually asked me. No, I never had an attendance problem in my own classes. I'm not saying that because I'm such a good teacher, but because most of my teaching is done in the first and second years, and I think we've found the attendance problems creeping up more in the third and fourth years.

I was the chairman of the committee that ultimately recommended the monitoring of attendance, which is ironic because it's not really part of my own philosophy, and I'm not fully convinced it's necessarily going to improve anything. It's primarily a response to two things. First, the comments by members of the Board of trustees that they've never seen a professional school with such variable attendance. It was thought that by making courses more vigorous and allowing more free time, that this would help the situation. We wanted to begin emphasizing more than in the past, reading assignments. Truthfully, we've under gone grade inflation here, and no one really tests from out side readings. Why? I don't know. I've never felt comfortable about doing it myself, but I will do it also. The other main point is this attendance thing. The Dean and the committee thought that it would be perhaps of some benefit to monitor attendance. The purpose of that is three fold, and I'm excluding this from any punitive function. I want to emphasize that for purpose of this article, our recommendation carried NO statement about attendance affecting grades. We were concerned about 3 things: First, students with outside jobs during scheduled classes. Second with students doing poorly in school and whether their class attendance has affected

their performance. Third, it is an effort to get to know students better.

I can't even bet that the attendance policy will have any influence on anything.

If it does not, and if for example at the end of the year, the attendance in class was very good, but the NBO performance stunk again, well, I think then we would know quite clearly that attendance was not a factor. We're just trying something, and I have no more idea than you whether it will work. It might be construed that we are over reacting, but the Board of Trustees and faculty etc., are very concerned about the board results.

Pop quizzes were mentioned as away to increase attendance, but we were very hesitant in legislating how an instructor should run his course.

My committee recommended the abolishment of mandatory midterms. We've heard for years how students complain that their four years here seemed to be like going from one test to the next. We, therefore, wanted to leave it more open for the instructor, and I'm a believer that the teacher should be the bottom line in what is going on in his class.

Monitoring attendance is nothing, its a neutral thing, and it's not going to be used against the student.

Dan:

For the time being, you mean?

Dr. S:

No, there will never be a policy like that. Every teacher can do what he wants. For example, I have the authority to say that I think attendance is so important in my class, that for every 3 classes you miss, you're going down $\frac{1}{2}$ grade, and that's my business. But, I wouldn't do this. It's between me and the class; it's not because the Dean's office is making me.

I don't think it's fair to see the changes as only on the side that students have to come to class, or that students have to do this or that. I think every attempt is being made to improve the courses.

I will assure you this, that Dr. Rosenbloom, Dr. Grosvenor, Mr. Siegel, and faculty have worked as hard as I've ever seen a faculty and administration work this summer, to make these changes. There's no underlying "lets get 'em" feeling at all.

AN INTERVIEW WITH DR. SHANSKY Con't A.O.S.A. and YOU

Dan:

Dr. Shansky, do you have any concluding comments you would like to make?

Dr. S:

I would like to say two things. First of all, the acquisition of a new dean is a positive step for ICO. I've worked with Dr. Grosvenor and Dr. Rosenbloom, and what I'm going to say may seem perhaps gratuitous, like apple polishing, but I mean this. I have the highest respect for both of them, and I feel the future looks bright here.

The second thing I would like to say, and this is the only spicy or controversial thing in this article, I feel that the time has come for the faculty, and I'm addressing myself to the faculty, to stop waiting for the administration and students to come up with original ideas, and for the faculty to develop new curriculum plans and to come up with new teaching strategies. There's no doubt in my mind that Mr. Siegel, Dr. Rosenbloom, and Dr. Grosvenor are highly capable doing all of it, but my own preference is to have the faculty initiate things. I'm disappointed in many of my fellow faculty, because they don't share the enthusiasm for making ICO the good school that some of the rest of us want to make it.

A school to me is its faculty, and when they are walking around picking up their checks, not at school half the time, or walking down the hall oblivious to the fact that the 600 students surrounding them are human beings and they are oblivious to the fact that there is an administration and Dean counting on their support, that's my disappointment in the faculty.

Dan:

Would you like to give the students equal time?

Dr. S:

I have no disappointments in the students.

Dan:

Thank you very much for your time and the concern you've shown for improving the quality of education here at ICO.

Most second, third, and fourth year students are familiar with the goals and objectives of the American Optometric Student Association, so this short article is primarily an introduction of the AOSA to our first year people. The AOSA is a national group that represents all optometry students from the United States and Canada. We have student representatives on practically every AOA committee and division. We also have liaisons with some very important groups, i.e., the National Board of Examiners in Optometry.

It is solely through the AOSA that your views reach our colleagues already out there in the real world. The AOSA is your voice, your ears, and your eyes on the optometric national level. It is vitally important that we become aware of your feelings towards our profession and in what directions optometry ought to take. The leadership of the AOA ACTIVELY seeks your views.

At ICO we are fortunate enough to have five representatives within the AOSA national framework. These representatives are:

Merv Hassebrock, AOSA Trustee
Joseph Maino, National Chairman on Education
Brenda (BAS) Simons, National Chairman on Inter-professional relations
Steve Gould, Assistance to Graduates and Under-graduates Chairman
Dominick Maino, National Chairman on Public Relations and Public Information

DOMINICK MAINO

ALUMNI ASSOCIATION: Student Report
by Jim Stewart
Student Representative
Box 424

Each year a fourth year student represents the views of the student body on the Alumni Association. This year I will be your elected representative and I definitely want and need input from you. The Alumni Association has and will continue to provide services to the college and to the student body which would probably not be otherwise provided. If you have suggestions on items or services the association may provide this year or in the future please drop a note into my mailbox so that we can get together and discuss your ideas.

Some of the items and services provided by the Alumni Association which will affect students directly this year and in the future are:

Purchase of the new CPR unit on which all students will become CPR certified

Major cash contribution to assure that ICO will have an Operational VER unit this school year.

Annual purchase and distribution of clinic name tags for third year interns.

Annual \$1,000 contribution in support of the senior party

Purchase of six typewriters for student use. They are available in the library.

Redecorating one study room on each of three floors of Brady Hall.

Remodeling the student lounge including purchase of paneling, half of the cost for carpet, purchase of works of art on display in the lounge.

Annual financial support of the externship program

Annual funding of up to \$500 for intramural activities (sports and otherwise)

Financial assistance to the ICO VOSH group to assure ICO representation in VOSH projects in various countries.

Emergency student loans for students in dire need.

The Alumni Association is involved with many other programs involving ICO and is willing to help provide a better atmosphere in which we as students may learn.

I am asking you to help me represent you better. It is difficult to represent the silent majority so let me know how I can help. *****

ATTENTION MILITARY STUDENTS:

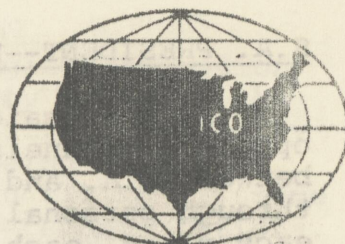
Attention classmates on military scholarships!!! The policy of providing monthly bonuses of \$100 has been reinstated as of October 1, 1977. We have to thank the Optometrists who influenced their legislators for the additional benefit.

ATTENTION BRIDGE PLAYERS:

All Bridge Players, Welcome back to ICO! We'd like to hold a lunch hour ICO bridge tournament. The 2nd year classroom and the duplicate boards are available to us. There will be a \$1.00 entry fee, which will be used in part to provide a prize for the winners. You can enter singly, or part of a team of 4, or with a partner. If interested, please contact Janet Schwartz. (Box 416) or Mr. P. Weil in the library.

SVOSH

STUDENT VOLUNTEER OPTOMETRIC SERVICES TO HUMANITY



The Student Volunteer Services to Humanity, SVOSH, welcomes each of you back to ICO this fall. We are happy to report the participation of five interns in VOSH projects this summer. Dennis Els, Mark Ebben, and Doris Osburne participated in the Indiana VOSH trip to Honduras. Jan Peel and Randy Melchert took part in the Illinois VOSH trip to Dominican Republic. The interns felt they benefited greatly from this experience.

What is the purpose of SVOSH? Our main goals are to provide vision care to needy people and to further the education of interns providing this service. ICO students work with VOSH groups from different states to make this possible.

There are two trips planned for this year. Over 3000 pairs of glasses must be collected, sorted, cleaned, and neutralized for these trips. To be able to do this, we ask the assistance of all our fellow interns.

We would welcome all interested interns to come to our first meeting of this fall, Wednesday, September 21, at noon in the fourth year classroom to discuss our plans and goals.

S.A. PRESIDENT

"NOT A YES-MAN"

Interviewed by:
C. Cochran

"I'm not a yes-man," stated Len Schlofman, Student Association (S.A.) President. He said he plans to be "more open to the administration on issues, to work with them and let them know the students' views."

"The new curriculum, I think, is so far pretty good. There are not as many contact hours," Schlofman said. He added that he would like to work on the clinic grading system and on the attendance policy, especially for the first year class.

While attendance is "monitored" for the upper classes, Schlofman explained first year attendance is mandatory.

Schlofman would also like to look at midterm scheduling, since most first year professors still plan to give midterms after 6 weeks.

Schlofman sees his role as one of being the main representative of

Jan Peel and Randall Melchert, fourth year interns, participated in a Medical Group Missions eye care project in the Dominican Republic in July.

Randy and Jan were part of a team of optometrists, ophthalmologists, anesthesiologists, opticians, nurses and other support personnel who helped the native Dominicans with eye care. Surgery was done in the Mobile Surgical Unit. Trial frame refractions were done in an adjacent building and the resulting prescriptions were pulled from an inventory of 40,000 pairs of donated glasses at the Mission Center.

Medical Group Missions is a part of the Christian Medical Society of Oak Park, Illinois. They conduct eye projects in July and November, and hold dental and general medical missions throughout the year.

Illinois VOSH and ICO's SVOSH partially sponsored the two interns.

student opinion to the administration and coordinator of the S.A. Therefore, Karen Robertson, Vice-President/Treas. will share the other responsibilities formerly assumed solely by the President.

Rather than delegating tasks to the SA Directors, Schlofman will make them more responsible for planning and carrying out activities which fall under their directorship, and for keeping him informed of their activities.

More extracurricular activities is one goal Schlofman has set for the SA. He would like to see more social events such as a Halloween party. The usual SA-sponsored social activities include spring and fall picnics, and several dances.

The student Association also will try to send students to high schools and organizations to promote vision care, and to get more catalogs out to colleges to reach potential applicants.

Schlofman said he would like to use more students in various capacities. A student representative will sit on each of several faculty committees and report to the SA Director of Student Affairs.

(Con't following page)

S.A. PRESIDENT--NOT A YES-MAN: Con't

He also said he plans to keep open the channels of communication between S.A. and the student body, through personal meetings with each class, each quarter, and with periodic announcements. As in the past, he added, the S.A. will post the minutes of their meetings on the class bulletin boards.

Every Tuesday at noon, all students are welcome to attend the S.A. meetings in Rodriguez Auditorium.

AN INTERVIEW WITH DR. GROSVENOR:

Part I - Curriculum Changes
Notetaking Services

by: Denice Thanepohn

On Curriculum:

WHAT WOULD YOU SAY WERE YOUR PRIMARY OBJECTIVES ON ARRIVING AT ICO?

"It was to get ready for fall broadly speaking. One of the things that (Dr. Rosenbloom and I) agreed needed to be done was... curriculum reorganization. The main problem here was that in some years there were excessive numbers of student contact hours, particularly lecture hours. In comparing the curriculum to other schools there was definitely an excessive number of lecture hours."

DID YOU FIND THAT YOU MET WITH RESISTANCE HERE OR COOPERATION IN RESPECT TO YOUR CHANGING THE CURRICULUM?

"I don't think I met with resistance in anything. Everybody has been extremely cooperative."

"Talking about curriculum changes, the Visual Science faculty held a curriculum conference early in June or late in May in which they recommended a number of changes in their curriculum....I then took the position on a temporary basis as chairman of the Division of Optometric Science since that position was vacant.... Soon after that I started holding curriculum conferences for that Division...."

"Then we finally had one big meeting in which we tied together the curriculum for the whole college; this means the four division-- Visual Science, Health Science, Optometric Science, and Patient Care."

"And so the curriculum revision plan, you might say, had really been started by Visual Science and we simply carried on with it. In all of these things I was given complete cooperation."

"I don't want to leave the idea that all of the things that have been done are necessarily my ideas. I would say, however, that most every time I've come up with an idea, I've found that other people have had the same ideas..."

"Many of the things were suggested directly or indirectly by students. Many of the things that we have tried to do have been with the idea of solving problems which were brought to our attention by students. Perhaps we aren't trying to solve the problems the way the students would like us to, but there has been input by students, by faculty members, administrative members, board members."

WHAT KIND OF STUDENT INPUT WAS THERE? NOT MANY OF US WERE AROUND DURING THE SUMMER WHEN THE CHANGES WERE MADE?

"I am referring now specifically to the student input meeting that was held back in April before I was even on the job. I was here for a visit...and Dr. Rosenbloom asked me to come to that meeting. I found this very helpful."

"I think I know what you're getting at, and the one thing that I certainly don't want to do is to have us change the whole program because of something that one student says. Now, I don't think anything has ever been done on the basis of input from one student. But there were....student representatives at the curriculum committee meeting of the Visual Science Division, and there has been sessions with official student representatives at times through the summer....I am convinced that anything done on the basis of student input was not done simply to satisfy the desires of one or two students."

AN INTERVIEW WITH DR. GROSVENOR:

I KNOW THAT YOU'VE CUT DOWN A LOT ON FACULTY TEACHING HOURS WITH THE ELIMINATION OF COURSES. HOW DID THE FACULTY REACT TO THAT?

"The reaction has been quite good, actually. Again, none of these things were really done single handedly... These things... have been discussed very widely at faculty meetings. Dr. Rosenbloom certainly has supported me on all the changes and many of them were things.... that he and I agreed on from the start..."

"One of my aims in my proposed curriculum was to greatly reduce the number of courses in which final exams were given in each term. For example, I think there are very few, if any, terms in which students will have more than five final exams..."

On Notetaking Service:

HOW DO YOU FEEL ABOUT THE NOTE-TAKING SERVICE?

"I think it's good. From what I understand they do a great job. I will certainly not hide the fact that there has been a fair amount of feeling in opposition to the notetaking service."

FROM FACULTY?

"More from board members than faculty. In fact I will say that one board member who is very opposed to the notetaking service, after he had had a chance to talk to some of our students... completely reversed himself and telephoned me and told me he really didn't think we should try to do anything about the notetaking service because he thought it was a great idea..."

I'VE HEARD THE COMMENT MADE THAT YOU'RE NOT GOING TO DO ANYTHING ABOUT IT, BUT YOU'RE NOT GOING TO OFFICIALIZE IT.

"That's exactly right... On my first day on the job I appointed an ad hoc committee (consisting of Drs. Shansky, etc. (b) to look into the related problems of attendance, examination procedures, and notetaking service.

In sort of wide ranging discussion at that first faculty meeting, the members of the faculty did identify these problems as being related. So the committee did ultimately come up with a number of recommendations. I don't think that they used the word "officialize" but this was their recommendation and I certainly went along with it and supported it whole-heartedly. That is that the notetaking service is great. We're happy to have the students have the notetaking service. We won't interfere with it, but we will not make the notetaking service's notes the official record of any class. This was the important thing."

"Some faculty members, according to my understanding, had been, let's say, persuaded by students to render this kind of officialdom to the notetaking service's notes. The conclusion of the committee and of the faculty was that this should no longer be done."

"...I think you can understand that if a faculty member agrees that the notetaking service's notes are an official record of what's gone on in a class, for one thing, the faculty member will have to... read the notes himself. This means that if there are any reading assignments which are not covered word for word in the notetaking service's notes, then these (the reading assignments) are simply thrown out the window. This is what... I've been told has happened in the past.. It is up to the faculty member himself to say what the content of the course is going to be. The notetaking service is simply a student service and that's that!"

On Exam Booklets

WHO DECIDED TO TAKE THE OLD EXAMS OUT OF THE LIBRARY?

"This was decided at a meeting of the faculty."

WHY WERE THEY REMOVED?

"This is the first time anyone's brought this up. The story goes like this:

The story has been that in order to do well at ICO, you don't really have to study, you don't have to read the reading assignments, you don't even have to come to class. All you have to do is subscribe to the notes given by the notetaking service and study the old exams; and

AN INTERVIEW WITH DR. GROSVENOR: Con't

if you do that you'll do well. I have been told that people who study hard, read the assignments, and really work at it, don't do any better in terms of their grades than the students who simply read the notetaking service's notes and study the old exams. I've been told this by enough people, and enough faculty members believe it that we began to question the whole idea of having old exams available."

"The suggestion was made, 'Well how about the old exams in the library?' So I said, 'Find, I'll put that on the agenda for the next meeting.' It was put on the agenda, everyone voted to take the old exams out of the library. It's just as simple as that."

"If students want to direct their studying to what's on the old exams, if they want to get copies of the old exams themselves, we'll allow them to do it, but we won't... encourage (this type of studying) by having the exams there for them. We would, of course, like to think that the exams would change considerably from year to year. If the exams change enough, there'd be no point in having the old exams in the library anyway."

Part II contains Dr. Grosvenor's Comments on the Attendance Policy, and his long term goals at ICO.

"ON THE LIGHTER SIDE"

The "Keep the First Year Class from Feeling Left Out, "KEYCFLO" committee has decided to institute a First Year ICO Board examination. This exam must be successfully passed before any first year student can go on to his second year and is designed to provide a valuable practice for the eventuality of National Board exams.

An effort has been made to maintain the same high level of ambiguity and unintelligibility as the National exams, and the scoring method and passing scores will be beyond comprehension.

An example of the exam which will be held during final exams 3rd quarter in an effort to match the pressure felt when the National Boards, follows:

1. The antrum of Hymen is:
 - (a) the maxillary sinus
 - (b) affectionately known as "the pit"
 - (c) spelled wrong
2. Why has E.R. Tennant won "Teacher of the year" so many times?
 - (a) he stuffs the ballot box
 - (b) he's chairman of the Academic advancement committee
 - (c) He knows the most effective way to use a yard stick.
3. What does it mean when James Day smiles during class?
 - (a) His horse came though in the ninth.
 - (b) He's wearing a new suit
 - (c) Peter Nelson has peeked into the room.

(20)

4. The all-time low attendance, for any first year lecture in 1976-77 occurred:
 - (a) Thursday, April 22, 10 AM
 - (b) Thursday, Sept 9, 9AM
 - (c) One of the above
5. What are the following? Optic Nerve Heaven, Let your Conscience Be Your Guide, The color of a Tequilla Sunrise, Wandering Phagocytes Down Rush Street, Just for the sake of Completion, and Is that you, Suarez?
 - (a) Quotable quotes
 - (b) Trivia needed to pass ocular anatomy
 - (c) A medley of favorite lines from Gary Porter, of course.

6. How many times have you walked through clinic pretending to know where you are going? (This applies to all classes)
7. What is Sheldon Siegel's real profession?
8. What is E.R. Tennant's first name?
9. What travels quickest at ICO?
 - (a) Gary Porter's mouth
 - (b) Upper classmen to see the new 1st year girls
 - (c) Gossip
 - (d) Staff doctors to see an attractive patient
 - (e) Staff doctors on the way to the bank.

10. The first class you cut was:
 - (a) Peter Weil's presentation about the library
 - (b) Gary Porter's 7:30 AM histology slide review
 - (c) The second half of the first Public Health lecture
 - (d) None of the above--I'm competing for the Ganner of the year award.
11. What do Drs. Rosenbloom, Day, Shansky, and Mr. Weil have in common?
 - (a) the barber
 - (b) their tailor
 - (c) they are quadruplets
 - (d) very little
12. Yuzo Chino's hit single in 1976 was entitled:
 - (a) Yesterday
 - (b) How much is the Ganglion in the Window
 - (c) Runaway
 - (d) My Diagram and Me
 - (e) Won-a-way
13. On 4-28-77, Avery Shulman stated, "Women have more serious diseases but die less frequently than men."
 - (a) men die twice
 - (b) women don't die at all
 - (c) all the above
14. What is the purpose of physiology peer review questions?
 - (a) To keep you from studying for exams
 - (b) To keep you off the streets
 - (c) To inundate you with sophisticated trivia so you can come on like an intellectual at hot pick-up spots.
15. An ophthalmatropo is:
 - (a) a street hockey puck
 - (b) Half a ping pong ball
 - (c) Knitting needles
 - (d) an excised eye
 - (e) A Christmas tree ornament
16. To where do the back stairs from 3rd floor lead?
 - (a) the attic
 - (b) the penthouse
 - (c) optic nerve heaven
17. What can be found under the stage of the 1st year room?
 - (a) Sturms conoid
 - (b) A family of centipedes
 - (c) Bodies of 1st year students who didn't make it.

18. Match the instructor with his hobby:

1. Gary Porter
 2. Wuzo Chino
 3. Michael Shansky
 4. Peter Nelson
- a. Necrophilia
 - b. Torturing cats
 - c. Girl Watching
 - d. Isometrics

*****Names Withheld*****

LETTERS TO FOCUS:

"A Failure to Communicate"

It's a whole new year here at ICO, and Lord knows, there have been many changes. Monitored attendance, optional midterms, and graded clinic, to name a few. The amazing thing is that, as a member of the fourth year class, these things surprised me. For example, the first our class learned of the graded clinic policy was when we first went into clinic this week. We had no explanation of the grading criterion, and no announcement of it was made to our class. This is the most interesting point; that no one, not even our new dean, came to the fourth year class to explain these new policies. In fact, the dean has never addressed the fourth year at all. True, he may fear for his safety, but we haven't murdered yet, and we promise to return him untouched or very nearly.

So, Dear (Dr.) Grosvenor, why not take a minute, and come explain this to us?

*****Name withheld*****

"With Autumn Comes The Change"

As a witness to and active participant in many of the momentous changes about to occur during the next year at ICO, I am somewhat troubled. The Illinois College of Optometry has held a unique position within the optometry realm. This unique position being its emphasis in the area of functional-developmental vision. In the not to

"With Autumn Comes the Change" con't

distant future, I can foresee an ICO not much different from all the other schools and college of optometry. This would be a tragic loss to our profession and a great disservice to our patients.

There appears to be an ever increasing trend away from visual therapy/pediatric optometry and towards a more purely medical model of vision, therapy excluding the very tenants our profession was built upon. Please, do not misunderstand me. I believe that a firm knowledge in the area of pathology, pharmaceuticals, CPR and the like is quite necessary. However, I see no reason why by increasing our abilities in one area, we must sacrifice our expertise in another area..

I am not alone in my concern about ICO's future. While attending the AOA convention in Toronto this June, several O.D.'s approached me with some apprehension about ICO's future role in our profession. It appears as if the word is out on the "Optometric Street" and some of our colleagues are troubled too!

*****DOMINICK MAINO *****

The following letter has been submitted by:

DIVISION OF STAFF CARE
DR. ADOLPH GOVERNOR, Chairman

Subject: For Grading 4,3,2,1,0
(Highest to lowest rank) with
2 being the average grade level

GUIDELINES FOR GRADING SYSTEM:

(a more complete and absurd description of the requirements of a given grade level is maintained by the Chairman,

Division of Staff Care. Consultation or reference is available to interns or staff upon request.)

-
4. A superior level unattainable by 99.9% of the present ICO staff. Is able to grasp meaning of case in less than 30 seconds without looking at case findings. Number of years experience in real world considered.

3. A high level but also unattainable by 99.8% of present ICO staff. Some private practice experience. Number of Years training in real world considered.
2. Expected level of intern management and generally rotten disposition, with discrepancies in some of the areas listed below, but consistent for the number of years training in the real world, usually none. Prescribes +.50 spheres OU and V.T. Would not survive outside of school environment.
1. Gross discrepancies in majority of areas of evaluation listed below indicating that the staff is a real no-mind. Trains glaucoma with Brock string. Always requires additional redundant testing.
0. Totally absurd intern counseling. Outright disrespect for intern's interpretation of clinical findings. Requires anal thermometry on all pediatric patients. MEM, stress point retinoscopy, book, bell, etc. required to correlate with all phoropter findings (especially on presbyopes). A real turkey.

Areas of Evaluation:

1. Personal appearance, weight, presence on aisles, previous reputation, carries own non-Keeler ophthalmoscope, carries complete line of diagnostic agents, and knows what they are used for.
2. Technical knowledge: stays current with research and path, impertinent tests not suggested. Appropriate auxiliary test employed and correlated to appropriate findings; Proper use (or waste) of intern's time.
3. Disposition - well thought out and discussed with intern about POSSIBLE care plans. Vision care appropriate to case. Recommendations acceptable BY the intern.
4. Prescription and therapy. Follow up recommendations made necessary. Appropriateness of prescription or other exams.

CONTINUED NEXT PAGE:

Grade System Continued:

Grades are to be recorded on the staff activity sheet in column provided. This is to be done following the case consultation with the staff. Grades will be statistically compiled and placed on permanent employment record quarterly.

****Names withheld for own safety****

"We're Number Two so We Try Harder"

Yes, Friends--as you must realize there's still a few bugs to work out with our clinical grading system. Why just the other day I saw an old patient (she was 98) and proceeded to examine her. After completing her case history, I took her acuities (unaided and aided of course), performed ALL the entrance tests, did the COMPLETE 21 point exam, the Duochrome Test, Stenopaic slit, Confrontations, Maddox Rod, Selsi Telescope, Simultan, Red Lens test, Fusion Recovery, Amsler Grid, MKM, MEM, Brock string, Van Orden Star, Cheroscopic Drawings, Copy Forms, Book Retinoscopy, Bell Retinoscopy, +/- 2.00 Flip, Visual Skills, an internal and external, Biomicroscopy, Gongioscopy, Indirect binocular ophthalmoscopy, Auto plot, Air puff, Schiotz, Applamatic tonometry, ICO D.V. exam, Rossner D.V. exam, took her blood pressure and signed her up for a C.L. Screening. With the remaining hour and twenty minutes left in my time slot I did a cycloplegic exam, a night vision test, eiknometry, and anisokonic exam and brought her into path lab for a GLC work up.

My consulting staff thought I did an outstanding job---besides I always liked the number two. When you're number two, you do try harder!

****DOMINICK MAINO*****

(Dear Dom: all you had to do for a #4 rating was to sell her a photogrey, oversized blank, in an aviator frame... that's all)

Grade System Continued:

Grades are to be recorded on the activity sheet in column provided. This is to be done following the case consultation with the staff. Grades will be statistically compiled and placed on permanent employment record of each employee.

*****Names withheld for own safety*****

"We're Number Two so we try harder."

Yes, friends--as you must realize there's still a few bugs to work out with our clinical grading system. Why just the other day I saw an old patient (she was 88) and proceeded to examine her. After completing her case history, I took her acuities (unaided and aided of course), per-formed all the entrance tests, and the COMPLETE 21 point exam, the Duochrome Test, Stenopaeic slit, Contrast Sensitivity, Maddox Rod, Sellar, Telescope Stigmater, Red Lens test, Fusion Recovery, Amalier Grid, MIM, MEM, Brock string, Van Graafe Star, Chromoscopic Drawings, Copy Forms, Book Retinoscopy, Bell Retinoscopy, 2-3.00 Flip, Visual Skills, an internal and external, Biomicroscopy, Gonioscopy, In-direct binocular opthalmoscopy, Auto plot, Air pattern, Applanatic tonometry, D.V. exam, Rosenthal D.V. exam, and her blood pressure and pulse. With her up for a C.I. 2.00 screening the remaining hour and twenty minutes left in my time slot. I did a cycloplegic exam, a night vision test, elichometry, and anisocopic exam and brought her into pain for a 2.00 work up.

My consulting staff thought I did an outstanding job--besides I always liked the number two. When you're number two, you do try harder!

*****DOMINICK MAJINO*****

(Best of all you had to do for a #2 rating was to tell her a pleasant, unvarnished plain, "No, that's all.")

FOCUS

NOV 22 1977

A Newsletter, by the Students, of Illinois College of Optometry

SECOND ISSUE

NOVEMBER, 1977

IN THIS ISSUE:

Move ICO?

Information on Taxes

Lots of Letters to Focus

Book Review

Gold Who?

New ICO Fight Song?

Dr. Hodur Interview

SORRY FOR THE DELAY:

Sorry for the delay in publishing. This delay was caused because it was felt that in order to keep this paper a "student" paper, and open to free responsible expression, a number of issues had to be resolved.

First, that a student has the right to withhold his or her name from being published in the paper. As of November 1, 1977, this is the policy of the student council. Students must submit their names in order that the paper can get back to them in cases where problems with wording and space, etc. come up.

Second, no political censorship of articles will take place. This has also been reaffirmed as of November 1, 1977. This means that

as long as an article is free from libel and is in good taste, and of course accurate, it will be printed even though members of the administration or staff or other students may not care to have those views expressed.

Third, the editor will review all articles submitted and with the help of a staff committee of his or her choice, will decide on the printability based on the previously resolved issues.

Fourth, "Letters to Focus" are view solely of the author. Other articles in focus will include the name of the writer or it will be supplied upon request. Those articles may express views which may or may not express the opinions of the staff of this paper or of the student council.

This paper is a forum for student expression and intended for use by the students of ICO.

A complete list of the focus staff will be in the next issue.

SAM WOLFSON

THE MULTIDISCIPLINARY PRACTICE

by J. Maino

What is it like to work in a Multidisciplinary setting? Can you

THE MULTIDISCIPLINARY PRACTICE con't

practice full-scope Optometry while working along side physicians, psychologists, educators, etc? Is the salary and benefits as good as those of a solo practitioner? How do I find the answers to all of the above questions and more? Easy! Join the AOA section on Multidisciplinary Practice (MPS).

- The purpose of the MPS is to:
- (1) promote, advance, and enhance the identity of optometry as a profession and optometrists as professional members of the health care team in multidisciplinary practices.
 - (2) Stresses the role of optometrists as primary entry health practitioners
 - (3) Optimize vision care for the public by multidisciplinary practices
 - (4) Provide a Forum for members of the AOA (And AOSA) having an interest in this important area of optometry.

So what you say!! What will the MPS do for you?

- (1) Provide a membership directory of multidisciplinary practitioners (looking for a practice or associateship opportunity?)
- (2) Annual meetings at the AOA Congress
- (3) Quarterly news bulletin
- (4) Association representation
- (5) Speakers bureau
- (6) Education programs

Optometry has been an isolated health care profession for too long. We need to get into the main stream of health care. The MPS can help you do this.

Interested? Contact Joseph Maino (Box #282) for Further information.

WE ARE NOT ALONE

by Raymond J. Brill

Pres., Collegiate Society of the IOA

"The ophthalmic professions are paranoid."

If a layperson were to read our journals and attend to our private conversations dealing with current controversies in the eye care field this may be a perfectly logical conclusion.

Consider the general issues of consumer affairs, governmental intervention, preventive care, continuing education, and inter-professional relations. Are we in optometry unique in our concern for the future of our profession or do other disciplines have their respective worries about what is on the horizon?

After participating in the Second Preventive Health Care Seminar of the Illinois Inter-Professional Council of the Health Professions last month, I can vouch that all professions in attendance expressed major concerns about current trends and the future of their scope of practice. The licensed practical nurses worry about the registered nurses. The osteopaths and chiropractors feel threatened by each other, as do the psychologists and psychiatrists as do similarly the podiatrists and orthopedic surgeons. For the most part, formal conflicts arise due to overlap in patient care among the professions and their respective procedural differences in providing proper diagnosis and therapeutics. Although these conflicts may never be resolved by the PROFESSIONS themselves, the PATIENTS they serve ironically resolve these problems every day.

WE ARE NOT ALONE Cnn't

Perhaps, through such organizations as the Illinois Inter-professional Council, we providers can arrive at some realizations for the benefit of the patients we serve:

1. We all share the same patient. That is, the patient that visits the podiatrist, dentist, and optometrist is still the same person.
2. We as health professionals have similar backgrounds in the biological and physical sciences and only differ in our areas of expertise. The care of our common patient is not a "job" but a professional commitment.
3. As a part of his responsibility, the practitioner must be attuned to the need for providing PREVENTIVE health care to the patient/consumer.
4. Continuing education for the health professional is a MUST.
5. Patient welfare transcends interprofessional conflict.

OFF TO A BETTER START

by Richard G. Jarvis
Gold Key

Every year at this time we see a new collection of faces and an unending list of new names to learn.

Life here is predictable and the more things change the more they stay the same. There is one refreshing difference from years past, however. For the first time since I've been here, the first year class has started with an optimistic view point. How well we all remember our first weeks at ICO. We only heard an unending procession of bad attitudes and complaints toward instructors,

staff doctors, OEP and administration.

A lot of the positive attitude was likely due to the manner in which our new contemporaries were received during the first few days here. This year a large group of volunteer seniors offered an orientation program unlike any previous year.

Organized by the Gold Key Honor Society, the emphasis of the orientation program tried to show the new students not only ICO but, ICO in Chicago. More importantly, the orienting seniors succeeded in imparting an enthusiasm for Optometry unequalled by any group to this day.

We who have been here the longest all realize that ICO is only a very small part of our profession. ICO is a starting block from which we begin our professional lives.

Through the muck and mire of endless tests, grade reports, clinic requirements, national boards, and myriads of worthless meetings, it is hard to keep an honestly enthusiastic perspective.

The orienting staff of the class of "78" can only be commended highly for a job "well done." I hope your enthusiasm and inspiration fills the first year class throughout the year.

We members of Gold Key Honor Society are greatly gratified to see our goal for orientation fulfilled to such a high degree.

Special thanks to Jim Stewart, Gold Key Vice-President for all his time and effort in organizing orientation.

GOLD WHO?

by Richard Jarvis

The Gold Key Optometric Honor Society would like the first year students, as well as all upper classmen, to know more about our function in optometry and at ICO.

The purpose of this honor society, which is the highest award bestowed on a student, is to recognize upper classmen who have demonstrated outstanding professional and ethical attitudes through leadership in their class, college and profession.

With a definition like that it would be hard to convince anyone that I'm not proud to be a member of such an organization.

Some people have referred to Gold Key as an elitist group. It is true that only a handful of people are selected to be members, specifically 10% of fourth year students and 5% of third year students. We typically are not ALL the top academic performers of the class. This is a common misconception the ICO populace is under. Our main intent, as members, is not to be elite and wear our Gold Key pins on the lapels of Pierre Cardin suits.

We are, or strive to be, a functional unit working for the benefit of our fellow students and optometry as a profession. It is our aim to promote professionalism and a highly positive attitude toward Optometry.

I do apologize for any arrogant image of Gold Key in the past. It is a little difficult for a society made totally of "chiefs" to find any "indians" and, at times, some over-zealousness could be taken as aggressiveness.

We would appreciate any feedback you can give on any of our projects. We would also welcome suggestions for future projects.

If any individual or group would like assistance from Gold Key or it's members, I assure you we would be most honored to render our help.

The following is a list of our current officers and members:

Rich Noyes, President
James Stewart, Vice-President
Joseph Prell, Secretary
Doug Beemer, Treasurer
Richard Jarvis, Public Relations
Dom Maino

We all sincerely hope this will be a good year for you and for Optometry.

MOVE I C O ? ?

ONE OF GROSVENOR'S LONG TERM GOALS
by Denise Thanepohn

"I feel very strongly that I could find faculty members who would be willing to come here much more easily if the school were located anywhere but in the south end of Chicago," Dr. Grosvenor stated in an interview early this quarter.

According to Dr. Grosvenor, the proposition to move the school to a location that is more desirable will be discussed at the upcoming board meeting. He expects to encounter some resistance from some board members and alumni who are, in his words, "committed to the location of the school in the south side of Chicago".

con't following page

Move ICO Con't

His motive in making this proposal is to facilitate faculty recruitment. He feels that prospective faculty want to raise their families in the suburbs, with a short driving time to work. The South Side simply does not meet those criteria.

Dr. Grosvenor does suggest, however, that if the school was located elsewhere, we could continue with our clinic here. He believes that in our present location we provide a service to people who otherwise might not get quality eye care. However, the South Side Clinic would function more as a satellite clinic since there would also be a new clinic in the new location. The new clinic would provide in Dr. Grosvenor's words, "the kind of cross-section that....would be closer to the kind of clinic population you would find in practice".

NEW ICO FIGHT SONG
by Michael Miller

WE AIN'T GONNA TAKE NO MORE
(To the tune of: Battle Hymn of
the Republic) Julia Ward Howe

Chorus:

Glory, Glory Halleluyah,
ICO is out to screw ya.
With forty grand in student loans
and fifty forms to fill....
No, we ain't gonna take no more!

con't

Stanza 1

For four long years we sit and wait
and look at what we get...
A man who likes to make new rules
that haven't helped us yet,
A guy that thinks he knows what's
best
for students everywhere!
No we ain't gonna take no more!

Stanza 2

Four hundred thousand patients
is all we have to see...
Before we get those SCU's
and then that big degree
But Dr. G's got better plans to
Give us all Grade C.
No we ain't gonna take no more!

Stanza 3

No Christ he came to save us,
and all men he then set free.
But Dr. G. will keep us
Till we all turn forty-three.
But not if we can help it
and with all our unity...
We ain't gonna take no more!

****Mgt Editors note: This was
only meant to be funny!

CLUBS
and
ORGANIZATIONS

SERVICE TO THE STUDENTS

by D. Maino

The AOSA's motto includes the
phrase: "Service to the Students"
and in the past few weeks at ICO
the truth of this phrase was
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SERVICE TO THE STUDENTS Con't

demonstrated. All fourth year people received AOSA placement service guide books. These guide-books were compiled by the assistance to graduates and undergraduates national committee. They contained information from all fifty states on dates of state board examinations, what types of placement services are available in each state, and who to contact for such information.

The third and fourth year classes also received a large packet of equipment information also compiled by the AOSA. Your representatives within the national frame works of the AOSA are committed to providing you with the best in services. Let us know your desires. Support your AOSA group at both the local and national level.

AOSA NEWS Please Read!!
by Steve Gould

Every year students ask, "why should I pay the dues to join the AOSA?" There are many benefits. Not only is the AOSA your voice to the AOA, but there are specific benefits. The aid of graduates and undergraduates committee this year offers you these:

1. The AGU committee prints a travel guide listing people you can stay with, places to go, eat, sleep etc. All recommended by fellow optometry students across the country.

2. The AGU committee is working to make USAF loans more easily obtainable. This program which has been little used in the past, offers students \$5,000/year (maximum) with a total ceiling of \$15,000.00 (including guaranteed loans).

con't

3. AOA/AOSA Placement Service-aid in finding a practice in any state. This program is continually being kept up to date.

4. AOSA Service Handbook
This is a resource book intended to help you locate a practice or set one up. It gives you hints on how to do all that will be needed to get started in practice. It also lists loan programs both while in school and for those wishing to continue their education after graduation.

The AGU committee is only one of many AOSA committees and we need your support. If you desire more details on any of these programs, or wish to become involved, write:

Steve Gould
c/o Illinois College of Optom.
3241 South Michigan Avenue
Chicago, Illinois 60616

CONNECTICUT CLUB

On Wednesday, September 18th the fledgling ICO Connecticut Club held its first meeting in anyone's memory. During the meeting club officers were elected:

Dan Fitzpatrick (4th year Norwich, CT)	PRESIDENT
Bill Doty (3rd, Hamden, CT)	VICE-PRESIDENT
Ray Szczepanski (2nd, Cheshire CT)	SECRETARY
Randy Kinkade (1st year New Britain, CT)	TREASURER

Connecticut Club membership is limited to ICO students from Connecticut.

AN INTERVIEW WITH DOCTOR HODUR
by Dan Janotta

Dan:

What is the new clinic grading system for?

Dr. H:

Don't really know. It is interesting because what they're trying to do is find a system of grading intern performance. And what we're finding is that interns are becoming very apprehensive about grading--they're constantly being graded, as far as most staff are concerned, in their own mind. What I think it would be useful for is to note those people who are doing below average work, and to try to help those people. As far as the way it's going to work out--whether or not it will appear on transcripts; whether or not everybody does "C" work; or how they're going to be graded I don't know, because the system has so very few values and nobody knows exactly what value to place on the grading system.

Dan:

I know it's important to judge an intern's performance, but I thought we had an evaluation system where the doctor was in the room with the intern or watching paying attention to him rather than just going to a staff doctor with the case and all of a sudden the doctor can grade on a scale of 0-4 the intern's performance.

Dr. H:

You can't do it. There is individual criterion not being taken into consideration. Maybe they shouldn't grade on intern's performance, but the actual explanation of the case. How well did you actually explain the case? Maybe that would be more acceptable and not grading A, B, or C, or even with numbers, but rather on whether per-

formance is acceptable or not acceptable.

Dan:

So the present clinic grading system is kind of a limited system. Staff doctors can grade on how the case was presented, and how the intern wrote down the numbers.

Dr. H:

Theoretically, it's supposed to be on all aspects.

Dan:

But you can't do it effectively

Dr. H:

The staff doctor can't because he's not in the room seeing you do the things, and there are many, many things that certain staff doctors won't understand; or something that another individual thought was a good idea--you've done it and a staff doctor might think it's useless, and so you get downgraded. There are too many loopholes in the system as it stands right now. The only thing I'm concerned about is that there has to be a more effective way of determining those who are having trouble and trying to improve on their skills. To me that's the whole idea of a grading system---to find those that are not performing to certain standards and improve them.

Dan:

Isn't that what the evaluation system did, though?

Dr. H:

It fell apart. It really did. There is a lot of patting on the back. If someone liked you, you got a good grade; if someone didn't like you, you didn't get a good grade. And the people who were doing the evaluation didn't really understand what they were doing. What anyone else was doing, either. There was no real communication. It was a good idea, but it didn't work.

CON'T

AN INTERVIEW WITH DOCTOR HODUR Con't

Dan:

What about the new curriculum changes?

Dr. H:

A lot of the changes came about from students--groups of students. Many changes were directed to the groups to teach them what they thought was important to themselves. A lot of the changes are directed to physical considerations. These are good to know, but sometimes I have trouble with purely optometric considerations. If those who make the changes feel the physical aspects are important, that's fine, but we've got to learn optometry first.

Dan:

Have you any general comments you'd like to make?

Dr. H:

The classes, your class, but especially the other three, are transitional. Maybe that's fair, maybe it isn't. You're getting a better education that I think I got. And much of that has to do with some of the older faculty remembering what they had and exposing the faculties. We have some very excellent practitioners and excellent teachers. We'll just have to wait and see how the changes go.

Dan:

Thank you for your time, and thank you for helping the now 4th years class whenever we asked.

COMMUNICATIONS BREAKDOWN AT ICO
by Sam Wolfson

A new year could not have started out on a worse foot at ICO between the students and Dean Grosvenor.

From the very start there seemed to be no way at all to communicate with this man. If anyone needs proof of this, all they have to do is listen to the tapes of some of our class meetings with him. There will be no 18 minute gap in the tape!

Dr. Grosvenor instituted a new clinic grading system which was rushed into action. So where is this system today? A casualty of ill planning. Even the newest system to be implemented is ill planned and input from both faculty and students has seemingly fallen on deaf ears.

This new grading system, unless totally different from what I've been told, will contain the following inadequacies: First, there's a lack of enough staff to give the adequate time necessary for each student to be evaluated properly. Second, there's going to be a lack of personnel necessary to handle the massive paperwork. Third, there most likely is a lack of space to keep these evaluations, with comments, in our personal files. Fourth, there still will be a lack of objectivity in the new system. Fifth, and most important, there still will be a lack of positive feedback, which is so badly needed by all of us.

So we will have grades and the average grade, will as understood, be a "B". We will still have the grade inflation that some are so concerned about. We will still have a system, that could have been made

CON'T

COMMUNICATIONS BREAKDOWN AT ICO

much better, if there wasn't such a rush to put it in action, so soon, and without the free flow of input from all those who will be affected by it.

What's the hurry? Doesn't a good system take time to create? You are exerting your power Dr. Grosvenor, and you have already done good things here at ICO, but you're misinformed if you think the students have not been fighting for change here. It wasn't your idea to reduce class hours or to change the curriculum around. These issues have been debated for some time. The students of this school have been trying to change this monolithic institution for years!!

Won't you please put away your misconceptions of us and work WITH us, and communicate WITH us, and speak WITH us? We have been trying to work WITH you! It's time for a change!

M I S C E L L A N E O U S
#####

New Books:

SPECIAL SUPPLEMENTARY EDITION OF STUDENT REQUIRED LIST

- * HISTOLOGY - Dr. Porter
High Velocity Printers \$5.00
Classical Quips \$14.00
ICO PRESS (PAPERBACK)
- * OCULAR ANATOMY - Dr. Wodis
"I Don't have to Know it-
YOU have to know it \$3.00
BUMPER STICKERS
- * GEOMETRIC OPTICS - Dr. Tennent
"What to Do When your
Ears are cut Off!" \$3.00
PAMPHLET

* OPTOMETRY THE PROFESSION -Dr. Tennent
Equipment Price List \$1.00

* EXPERIMENTAL DATA/DESIGN (Barry)
Home Built Auto-Refractors
Text \$7.00

* GEOMETRIC OPTICS LAB (Dr. Day)
"What to do till the Dr.
Gets There" \$14.00
ICO Paperback

* Not yet available at ICO
Bookstore

BOOK REVIEW

by J. Maine

Every once in a while there comes along a book that all Optometry students should read. I believe Griffin's BINOCULAR ANOMALIES, is one such book. There is now another non-clinical, but even more important book for us to read. Amazingly enough its edited by four ophthalmologists! The title of the book is CONTROVERSY IN OPHTHALMOLOGY edited by Brouckhurst, Boruchoff, Hutchinson, and Lessell (ICO library # RE' 61.C63 1977). The section that should be read by all of us is entitled, "The role of the optometrist in the delivery of eye care" The first article is written by a hard-line M.D. who wants to turn us all into technicians; the second is written by a Dean of an Optometry school who sees expanding our educational requirements so they would include a medical residency; and the last article is written by a middle-of-the-road M.D. who insists we need ophthalmology in order to increase our scope of practice.

Which one has the correct answer?

CON'T

LL

L E T T E R S TO F O C U S

LL

- YOU WIN?

TAXES

You win. Actually we were never in the battle. You had all the guns and set all the rules. So give us your S.U.C. units, your grading system, your attendance policy. But, as in other declaration of surrender, I take this last opportunity to explain the premise on which I based my objections to these matters.

The premise was quality. In my many discussions with fellow students I have never heard an objection to change. If that change was progressively directed and helped to make us all better optometrists. The new dean stated that the grading system was initiated to "weed out clinically unqualified students." It was not initiated to enhance the clinical learning potential. There were no stipulations on how these clinically unqualified students could become clinically qualified. Or more importantly, what after 3½ years hasn't some member of the staff shown these students where they are weak and how to correct these areas. I paid over \$4,000.00 last year to obtain this instruction. I obtained most of it from a private practice. In Three and a half years I have never witnessed a member of the staff perform an examination. In 3½ years no member of the staff has ever witnessed my examination. Will your grading system address these areas? Will an A, B, C, etc....make me a more efficient, productive member of the optometric profession?

SENIOR RESEARCH

Hal Learman, Gerry Page, and Dominick Maino are continuing the Downs Syndrome child research project. If you have seen such patients in the clinic please refer them to one of the above interns.

HAVE AN INTERESTING CASE?

We'll print it! Best case of the month will be printed! Thank you Dr. Katcher for your idea. It is hoped that this will bring something new and informative to our readers.

STUDENT CLASSIFIED ADS:

....will be published, but due to space limitations, no more than one Focus page will be used for this purpose. Keep them SHORT and pertaining to things like equipment for sale, apartments for rent, books for sale date wanted etc....

CON'T

YOU WIN? Con't

It was stated that monotored attendance would in no way influence grades and was directed to simply find out who was going to what classes. Why is this information necessary? Is there a study being performed? If so, for what reason and by whom?

I will not address myself to the SCU units. I would but I've been too busy writing narrative summaries, VT progress reports, Recruiting patients and changing diapers.

In conclusion, believe me when I say, I have no objection to change. I want to learn. I demand to learn. SO take my carcass for these last 8 months, show me some quality changes, and I will play you game, or at least by your rules.

AN OPEN LETTER TO DR. GROSVENOR

It seems to me that both the fourth year class as well as yourself have started out this year on the wrong foot. WE are upset over the many changes clinically, and you are angered by our rebellion against these changes. Judging by your rare and short appearances with our class you have a poor opinion of us. Believe me, the feelings are mutual. We ask what we consider serious questions, you smile and answer with a question. In every case your assumption is that we are lazy bums trying to get by with as little effort possible. Let me explain our true position.

Our class has been continually bombarded by changes. Some of them for the better, but most for the worst. I'm not saying most changes have been poor as a whole, I'm saying that they have been poor for our class.

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We have been the guinea pigs for trying new policies and procedures and are getting (damn) tired of it. This grading policy seems to be the last straw. As a result of the confusion instigating it, we ARE going to lose. If a grading system for clinic is required, the suggestion submitted by Bob Sloan seems the only solution. Go ahead and experiment with it on our class, but don't officialize it until it is found to work.

Dr. Grosvenor, I honestly began this letter with the intent of supporting your side. I was going to sympathize with you and your problems instigating necessary changes. The changes may be necessary, but your stuck up opinion of us is not.

Concerned (an Angered) 4th
year student

ICO'S SCU SYSTEM OR ???

For those of you not in your last year at ICO, SCU stands for Specialty Clinic Units. The SCU system is the administration's way to make sure all students complete a certain number of patients in areas other than general clinic. These areas include contact lenses, visual training, and low vision. Each type of examination adds up a predetermined amount of credit towards minimums in each specialty area. Beyond the minimums in each area, more SCU's are needed for a minimum number of SCU's in general.

All of this is fine and well on paper. Being proficient in all of these areas is important and going beyond the minimums in each specialty area allows us the opportunity to gain additional (con't)

ICO's SCU System or ??? Con't

experience in the areas that we are most interest in.

So what's wrong with the SCU system? First, the SCU's are nothing like general clinic. For general clinic, the patients are scheduled for us at regular times; for specialty areas, we schedule our own patients on our own time if and when we can find a room open in the master schedule in that area. We have to be our own secretaries, find our own patients, and run back and forth from the phone to the appointment desk to confirm and make appointments. On top of that, some interns are lucky and have lots of general clinic patients that walk in off the street wanting CL's or in need of VT and other interns are plagued with presbyopes, etc. that are in need of the general examination only. The result is that some interns seem to rack up a lot of SCU's and other struggle to get any at all.

What I'm trying to point out is that everybody should have an equal opportunity to see as many of these specialty clinic patients as the next intern. Also, I'm pointing out that it takes an incredible amount of time to get a patient scheduled on the phone, find out if you can get him in for an appointment, and when patient care is completed, finish up all the paperwork and gather all of the necessary signatures to be turned in for SCU's. There must be an easier way for students and faculty alike!

One easy way around all of these hassles would be to turn in the files from general clinic that refer patients to specialty area care. These cases would then be turned over to interns with an effort to allow all interns an equal chance

Con't

to see as many patients in a particular area as anyone else. One step further would be to have the interns assigned to a specialty area at regular times just as we are currently assigned for general clinic. Assuming that most patients would be able to return at the same time of the day and week as the original visit, most patients would be able to be carried from beginning to end by the same intern. Those patients who don't see the same intern each time would be a learning experience for another intern. For example: by seeing someone else's patient you may learn about a type of contact lens that you've never yet had the opportunity to fit; you may get a chance to see how somebody else handled a particular problem and what VT procedures he used to handle a patient's needs. Another idea that somebody else brought up was to be assigned to each specialty area for an internship period. This idea would have the value of a concentrated learning experience without distractions from other areas of study in the clinic.

My intent in this article is not to write up a concrete plan to change the SCU system, but to stimulate some interest in alternatives that may be more fair to all interns and possibly simultaneously provide a broadened learning experience for ourselves. In closing, I would like to invite opinions and criticism of the topics I have presented here. Anyone interested can talk to me, leave a note in my mailbox, or write a letter to the Focus for the next issue.

E. Skidmore

EXAMS AND CLASSES--LIKE OIL AND WATER
BY Jerry Starchvick

As I understand it, in previous years mid-terms were scheduled during a period in which classes were suspended, presumably to afford the student the opportunity to concentrate on past material without the burden of falling behind in ongoing classes. The ideal of course is that the student be constantly prepared for examinations and thus always able to keep up with new material. This is not consistent with the nature of the student whose success depends upon the exam grade. The suspension of classes during these test periods faces this reality. However, there appears to be a breakdown in communication between those who schedule classes and those who schedule examinations. They have taken opposing positions, one, scheduling classes as if there were no exams and the other scheduling exams as if there were no classes. I would suggest that few students welcome a final all-or-nothing exam and would favor mid-terms which would provide a meaningful learning experience without the burden of continuing classes. Such a reinstatement of the exam period would require little effort as the classes held during the exam period will be less than effective in light of student priorities.

SOS at ICO

by Jim Stewart

SOS (Students Orienting Students) is a new program designed to help incoming first year students become adjusted to ICO and the Chicago area. The program is coordinated through the Gold Key Honor Society and the Dean of Students office, and includes orientation day and the remainder of the school year.

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About forty fourth year students assisted this year's coordinator, Jim Stewart, by acting as big brother/big sisters for small groups of first year students. As names and addresses of first year class members became available during the summer they were assigned to their advisor. An attempt was made to match first and fourth year people geographically. Many fourth year advisors wrote to their advisees introducing themselves and asking if they could answer any questions for the new students.

During morning orientation activities the advisees were introduced to their advisors and these small groups were able to go off on their own to discuss any questions raised by the first year students. Lunch together gave the members of each group more time to get acquainted. The entire afternoon was left open for tours of various areas around the college and the Chicago area. Some of the places visited were: IIT's campus (including the BOG), Chicago's loop, auto tours of Chicago, the experience of riding the "L" (elevated trains) to the near north side, going to the top of the Hancock building, and many other places.

"There is something here besides ICO"! In the evening, the cap off of a busy and informative day, a party was held in the cafeteria of the Brady Hilton for advisors, advisees, and their guests. A good time was had by all.

THE PROGRAM CONTINUES:

First and fourth year students continue to meet on an individual basis throughout the academic year. Some of the encounters include: fourth year intern clinic examination of the first year students, discussions of various aspects of class work encountered by the first year students, social outings, and much more.

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SOS AT ICO Con't

It has been a rewarding experience for all persons involved, and it is hoped that it can happen on a regular basis in future years.

A special thanks from me to all of the fourth year students who gave so freely and unselfishly of their time to make the program work. You're the greatest!

THE 1977 FALL FACULTY AWARDS:
(or what they'd never let us do in assembly)

These awards are given to our deserving and beloved staff for some outstanding qualities shown throughout the year. The awards were voted on by a deligation of former students, now incarcerated in the fourth floor file room; and the votes were tabulated by the accounting firm of Duey, Cheatem and How, who keep them in a circular strong box downtown. An now, the envelope please.

To: PAUL F. SHULMAN

The Nathaniel Webster Award for most original verbiage this year. Winner to receive a loose leaf dictionary, with plenty of space for new entries.

To: G. PORTER

The Best Dressed Man's Most Often Overlooked Award. Winner to receive a gift certificate for the Boy's Department at Sears.

To: D. Taylor

The Henry Kissinger Memorial Mileage Award, for most trips made between faculty and students on a peace-keeping mission. Winner to receive a pair of tenny-runners, a bottle of aspirin, and a fifth of cheap scotch.

To: BRIAN CADEN

The Teddy Bear Award, for faculty most likely to be hugged by fourth year women. Winner to receive 6 free lessons in self-defense.

To: Drs. SCHLANGE & BENOIT:

The Emily Post RIP Memorial Award, for faculty most likely not be punctual. The winners share all 8 AM time slots for fourth year lectures, and a personalized time card.

To: DRS. NELSON & PORTER:

The Pullitzer Award, for "Use it or lose it," and "when you don't know where you're going any road will get you there," for most profound statements on life at ICO.

To: ROY TESMIMA:

Winner of 1977 Slab-off: The Lead Pipe Cinch Award, winner to receive six gallons of duck soup.

To: J. KATCHER

The Award in Special Effects, for the most original ideas in edge coating. Winner to receive all blanks oversized.

To: A. NIZZA

The Edge Stand-off Award, for most creative hair styling. Winner to receive Ogle's Ogive and some near point stress.

To: DR. DAY:

The Doughboy Award, for being consistently on-axis. Winner to receive an autographed copy of "My Favorite Joke Book" and a bag of unknown lenses.

To: P. NELSON: The Shansky Foundation Memorial Award, for most creative lab instruction. Winner to receive a jar of nephrons and a copy of "The ECG & You"

Carl F. Shepard Memorial Library
Illinois College of Optometry
3241 S. Michigan Ave.
Chicago, Ill. 60616

FOCUS

A Newsletter, by the Students, of Illinois College of Optometry

FOURTH ISSUE

FEBRUARY, 1978

IN THIS ISSUE:

Editorial Reprint by:

Dr. Martin Kane O.D.

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Should You Believe your Books
or Lecture Instructors

Apartment Search Information

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A Plea for Quiet

Down with Negativism
or Stop complaining about ICO

Much Much More!

Are Elephants Myopic or Hyperopic

Clinic Grading: A true Story

UNSPOKEN WORDS

Dr. Scharre did a terrific job in
organizing the DV materials

Almost all clinics and colleges
plow their walks and driveways.

Thank you ICO - since the new
radio advertisement, I have gained
two SCU's and the clinic has at
least thirty more dollars. Let's
consider what is most important.

Donna handles a great amount of work
and very well. Why isn't she clinic
administrator?

It is 100 days until graduation and
we have not, as yet, received
official notice of the rumored
PCU requirements.

Has anything changed since clinic
grading has been instituted--besides
more paperwork?

Mr. Weil has accumulated a fantastic
library collection for our use.
Why not take advantage of it?

I can't remember the latest decree
from our dean, but I guess it
doesn't matter---it won't be upheld.
Rumor has it that there was staff
and student input, but the decree
was made beforehand.

I usually feel relaxed and I learn
a great deal in the CL department.
Is it because of the lack of clinic
grading, the helpful staff (when
available), or the friendly
receptionists?

Path lab attendance has increased
tremendously. We are finally
learning, at 11:00---that is.

Thank you, Judy and Mari! Your
good nature and kindness is most
appreciated.

Amelia tries her best to do a good
job, but what is her job: SCU
computer, receptionist, typist,
VT visit compiler, keeper of
equipment, supervisor, financial
secretary? It appears that she
has been taken advantage of and over-
worked.

The CL department operates an open
door policy. Please don't ruin
this by creating your own trial
sets from ICO's lenses.

I really impress my patients by
giving a DV exam in a storage room
(214). They pay \$10.00 for this
special treatment and I have to pay
for the materials.

When will the library carpeting be
vacuumed?

When I go to the front desk, its to
help the system. Why am I often
ignored?

Continued next page

UNSPOKEN WORDS Con't

If its true that 4th year student are only concerned with "getting out of here the easiest way we can," why are all the seminars (which by the way, are EXCELLENT), so very well attended?

ICO has the best opticians and dispensers. No wonder that department runs smoothly.

We are the ONLY school in the country where student do not have access to the VER for their clinic patients----so much for the practice of modern optometry.

The Alumni Association has made many worthwhile contributions, but I regret that my conscience will not let me support an institution where such an inefficiency and deficient education exists.

Anonymous
Fourth Year Student

****Permission has been received from Dr. Martin Kane, editor of the COVD Journal, to reprint the following editorial. It illustrates the implications of some current trends in Optometry and Optometric education. We hope you will all read it and consider it carefully.

A CONSUMER PROBLEM submitted by: Dr. Michael Kotlicky O.D.
from: C.O.V.D. Journal December, 1977

No one can deny that the profession of optometry is changing as rapidly as changes occurring in societal structure. Nor can any one deny that optometry is not the same profession it was in the past or that it will be differently practiced in the future. The future of optometry is just as uncertain and unpredicable as the question of how society will be organized in years to come.

Because I view myself as an optometrist committed to the visual welfare of society, I have always been concerned with the method in which the services of our profession have been presented to the consumer. With twenty-eight clinical years of hindsight and a general appreciation of today's optometry, I see impending changes that may not be in the best interest of the public. In fact, the changes taking place may very well be the precipitating factors that will issue the demise of FULL SCOPE OPTOMETRIC CARE.

Optometry is the only vision (not sight) care profession and the only discipline concerned with CENTRAL VISUAL INFORMATION PROCESSING. As optometrists, we must never lose sight of this fact!

It is the only profession that has a basic understanding of the role vision plays in learning, academic performance, reading perception, concept formation cognition, emotions and a host of other visually related skills. Optometrists have long recognized that strabismus and amblyopia, along with other binocular incoordination deficits, are FUNCTIONAL PROBLEMS that if not appropriately treated using functional concepts and procedures will permanently IMPEDE AND IMPAIR MAXIMUM PERFORMANCE. Unresolved visual problems will create secondary emotional, social, cognitive and physical anomalies.

In reviewing curricula of optometric schools and colleges it becomes readily apparent that most of our academic facilities have lost their awareness of the uniqueness of our profession and the comprehensiveness of services offered to the consumer. Discussions in many of these schools and colleges are underway to ELIMINATE BEHAVIORAL COURSES that lead to competence in functional vision and vision training/therapy. If I were a student today in an optometric school I would be outraged! It would be most apparent to me that I was presented a limited point of view in how optometry should be practiced, the scope of the field and the extent to which I was prepared to meet society's needs. Unquestionably, I would be incensed that I was being denied my rights in receiving a COMPREHENSIVE EDUCATION.

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A CONSUMER PROBLEM: Con't

Unfortunately, state and national examining board agencies that dictate those competencies licensed optometrists must have in order to deliver comprehensive and adequate eye health care in the United States are just as remiss in the narrow point of view they have assumed in their understanding of full scope optometry. It is obvious that minimum courses and clinical experiences in behavioral science areas that relate to vision is expected. What is most incomprehensive is this change in attitude at a time when all other health care professions have recognized the need for more input from the behavioral sciences and are rapidly adding this content area into their curricula. Mishkin, a neuropsychologist with the National Institutes of Health in Bethesda, Maryland, along with many other researchers are now stating, with supportive research data, that the visual system has direct neural connections with the emotional and cognitive centers of the brain. We can no longer view the visual system as just an anatomical structure concerned with sight. Clearly, vision occurs in the higher centers of the brain and incorporates psycho-social and cognitive processes as well!

Structure and physical health of the eyes are certainly critical factors in visual information processing. Optometry and ophthalmology share these concerns. Optometry is the only discipline that has a body of knowledge which understands VISION.

With this understanding of vision, the optometrist is equipped to offer supportive services to a multi-disciplinary group that can assist in habilitating educationally handicapped children and adults, emotionally and socially impoverished people, juvenile delinquents, physically disabled persons and -- last but not least -- the visual disabled. Yes, they can even help the blind!

Optometrists must continue to use this knowledge and truly serve as the only primary eye health care profession. The consumer deserves these services and is entitled to COMPREHENSIVE EYE CARE.

HELP CLEAN THE AIR
by Robert Conway '80

About one year ago, I realized that any programs aimed at educating smokers to the harmful effects of smoking were doomed to failure before they started. The simple fact of the matter is that smoking is a drug addiction. If any smoker feels that this is the wrong terminology then I'd suggest that they try and do without cigarettes for one week. It's very easy for a smoker to rationalize why he does smoke, but very difficult for that same smoker to honestly admit that he is simply smoking because he is unable to quit.

What is needed, in regards to education, is a program aimed at non-smokers, to make them aware of the harmful effects that they expose themselves to when they allow others to smoke nearby. The tobacco companies of America continue to be one of the most powerful lobbies in the United States. The only way for change to come about is for non-smokers to speak up and let our voices be heard.

1. How can ICO, a "primary health care learning institution" ignore over 25 years of concrete evidence on the harmful effects of smoking, and continue to sell cigarettes in the student lounge?

continued

HELP CLEAN THE AIR: Con't

2. Why would an institution that has gone through the expense and trouble of placing no less than 53 NO SMOKING signs in the hallways, continue to sell cigarettes on its very own premises?
3. How can an institution that is so against "commercialism" sell out its morals and allow cigarettes to be sold on its campus, even though the health care professions are fully aware of the disease producing properties of cigarettes?

The sale of cigarettes on school property creates a fire hazard to the building, a maintenance problem for the student lounge, a health hazard to anyone who inhales the smoke, but most importantly a direct contradiction to the health care professional standards which we are trying to portray to the public.

This is simply no excuse or justification for ICO to encourage or condone the sale of cigarettes on its property.

PROFILE OF AN OPTOMETRY STUDENT

PART I

How do ICO students really feel about Optometry? How many of your classmates feel involved with the profession? Do some of them feel ripped-off by ICO as a school? How many of the first year class is wait-listed for medical school? Through this and subsequent articles based on surveys and interviews, we hope to uncover and communicate a better understanding of what makes us all "tick" professionally: our motivation, professional goals, and how our ideas change through the four year program.

In this first article, 57 second year students were asked the following questions:

1. Did you apply to professional or graduate schools other than Optometry?
2. Were you accepted into any of the programs?
3. Was Optometry your first choice as a profession when you were in undergrad?
4. During what year of school did you decide on Optometry?
5. Is Optometry your first choice profession now?
6. Were you either in school for, or practicing another profession before coming to ICO?
7. If yes to #6, what Profession?

Many of us are guilty of picturing our classmates as pre-meds who couldn't make it. Question #1 addressed this stereotype, and found that 17 student, or slightly less than 30% had applied to other programs. But 12 positive responses to question 2 indicated that 80% of those who applied to other programs were accepted. Surprised? Additionally, two students indicated that they were offered admission into other programs although they did not apply. Question 3 also addresses this pre-med myth--61% of those surveyed were pre-optometry as undergrads.

The break-down of when these students decided on Optometry as their profession, spans a broad range: 25% decided in high school or before, 14% as Freshmen in college, 21% as sophomores, 10% as juniors, 19% as seniors, and 8% post-grad. One student decided while serving in the armed forces. But by the end of their 2nd year of college 60% had already decided on Optometry.

Based on this sample of second year students, we may have better attitudes and more motivation than we get credit for.

con't

PROFILE OF AN OPTOMETRY STUDENT Con't

I received a shock while talling answers for question five: 10 persons, or 17.5% said that optometry is NOT their preferred profession now. This is contrasted by answers to the sixth question, where 9 out of 57 (or 15%) were in school for, or practicing another profession before coming to ICO. The break-down: 2 teaching (one at college level), five in graduate school or with graduate degrees, and 2 in business.

What attracts people from other professions into optometry? Why are some students so dissatisfied with Optometry, yet remain in school? What turns some pre-optometry students off, and turns students with other interests on? How do these attitudes change from first to fourth year? Do women students fit into this typical picture? Following articles will try to address these questions.

submitted by: Marsha Davis

QUIET PLEASE: Attn: Interns
by Doug Beemer, 4th year President

I've heard numerous complaints from classmates and faculty regarding the amount of talking that goes on during path labs. The cumulative "mumble level" from a dozen conversations makes it nearly impossible for interns in the lab to get anything out of it. Admittedly, we do not see much pathology first hand in the present set-up, but there is the potential to at least hear the patient's description of symptoms and the staff's line of questioning, both of which can be educational. In addition, appearing in front of 50 interns can be disconcerting for any patient, and if most of the interns are laughing and talking the patient may feel extremely uneasy.

I hope this request is not offensive to anyone, for I'm sure that nobody is intentionally depriving classmates or embarrassing patients. It's just turning out that way, so something needed to be said.

Let's show some respect for the patients, as well as the interns who want to get something out of the lab.

Thanks for your cooperation, Doug.

APARTMENT SEARCH:
by Jerry Starchvick '81

The first year class will shortly be offereing the school an APARTMENT SEARCH SERVICE. The purpose of such a service is to provide those students, who are seeking apartments, a convenient, organized, informational source of housing availability. Such information will be sought from all ICO students and staff, particularly fourth year students who will be leaving their apartments, apartment building managers, commerical apartment services, as well as individual efforts. The information will be displayed on a bulletin board with individual apartment descriptions on 3x5 cards. The location of the board will be determined shortly and additional 3x5 cards will be available.

If you know of an apartment which may be available for next year (September, 1978), please fill out the cut-out card and drop it in the apartment search box located on the bulletin board across from the student mail boxes, ICO Box 457, or in the first year classroom suggestion box.

con't

APARTMENT SEARCH

#Rooms _____ # Bedrooms _____

Current Resident: _____

Address: _____

Phone: _____

Manager (name) _____ Resident _____

Rent: \$ _____ /month Security Deposit \$ _____

Length of Lease _____ Minimum; Furnished Y N

Comments: _____

The information concerning the maintenance of the apartment search system will be organized in the operations manual and will be a part of the survival kit of information currently being compiled by the first year class.

The first year class is developing a variety of projects which they feel will be beneficial to the school. Such projects will have the common goal of improving professional health care education. We will, in the future, be soliciting your experience to help achieve this goal. We are looking forward to your involvement.

Thank you,
Jerry Starchvick

A CONCERN FOR QUALITY:
Cathy Cochran '80

The rumors concerning the recent resignation of the ophthalmologist from ICO faculty, whether true or false, should direct our thoughts toward an imminent problem that would not affect only ICO. If there was pressure from colleagues to stop teaching optometrists, the implications could be far-reaching.

It takes little imagination to envision such pressures on other ophthalmologists at other optometry schools. Success in such efforts would dry up the source of our pathology education, and seriously cripple optometry's attempts to obtain favorable legislation for use of therapeutic and diagnostic drugs.

While there are optometrists whom we would consider expert in ocular pathology, few, if any have the credentials to claim themselves ocular pathologists, and it could prove difficult to convince the public, our patients, of the reliability of our eye health evaluations if they cannot see proof of our preparation.

Although an improvement in optometry-ophthalmology relations would be ideal, one possible solution may be to seek federal support of education of OPTOMETRIC pathologists. These optometrists could obtain doctorates in ocular pathology for the major purpose of instructing optometry students, and would eliminate our dependence on ophthalmology
con't

A CONCERN FOR QUALITY: Con't

In any case, optometrists and optometry students should not allow to exist a situation in which one resignation would leave an optometry school and clinic without an ophthalmologist on staff.

WHO TO BELIEVE

by Robert Woodham '79

This article, if nothing else, will allow me to release some of my frustrations with the system at ICO.

Remember when you got Dr. Grosvenor's letter over the summer and it stressed outside readings as well as less reliance on the student notes? My first impression was that this could be bad, but after a while I thought it would really be good to start doing outside readings, especially in subjects like Ocular Pathology. However, after our midterm I'm beginning to wonder about this. Before the test we were told to rely solely on the notes. The only thing wrong with this was that there were some apparent errors in the notes. Upon reaching the instructor and asking for clarification, one student was told by the instructor that the notes were correct and the sources were wrong. I couldn't believe it when I heard it. During the test I decided to answer the questions according to the outside reading I'd done. Needless to say the results were disastrous. Upon talking to the instructor, he calmly informed me that my sources, (Clinical Ophthalmology, CIBA symposium on Glaucoma, General Ophthalmology) were erroneous and that he was right.

At this point I could have used a tranquilizer because I had to control myself from saying something that would have undoubtedly affected my academic advancement. Concerning important courses like Ocular Pathology, a big question remains....are we to believe in an instructor who refuses to be wrong, or several outside sources which are in agreement?

SOME ALTERNATIVES

by S. R. Rollins, '78

I would like to air some gripes that I feel are fairly universal and offer some workable solutions.

There are several accounting systems being used to monitor our progress and control our activities. One of the main problems with these systems is that Dr. Taylor believes these systems are enforcement tools, not the simple accounting tools they really are. Underscoring this is Dr. Grosvenor's belief that we must be forced in to achieving our education. While the idea of minimum standards of performance are needed to insure a high quality education, they should not be confused with averages, as Dr. Taylor has been doing lately. Our minimum number of SCU for graduation is 33. Using this system's values to compute last year's minimum requirements, you get 24 needed for graduation. Also, last year's graduating class had an average of 30. So there has been a 40% increase in the minimum, a 10% increase over last year's average. These

Thus, the administration expects a substantially above-average performance from everyone. The greatest problem with the system this year is that there is a lack of patients, to the point where I seriously doubt that it is a physical possibility for our class to generate 33 SCU's for each class member. Mal-distribution plagues this system as well. Some interns have been lucky enough to get patients, in general clinic, wanting or needing additional care while others (including myself) have not. This maldistribution creates

con't

SOME ALTERNATIVES: Continued

several problems including unhealthy competition leading to non-cooperation between classmates, fraudulent solicitation of contact lens and therapy patients, increased cost to patients due to prolonged therapy, and additional stress upon the students' psyche which lowers his/her academic performance. All these problems could be eliminated if ICO were to adopt a system as described below.

General clinic patients would be handled via a multiperson approach. The patient would initially be seen by a 2nd year student who would perform tasks commonly done by technicians in private practice; history, VA, skills, Tonometry, lens neutralizing, etc. The patient would then be seen by a third or fourth year student for the health and visual exams, dispensing, and referral to appropriate specialty clinics. Dispensing tasks for walk-ins would be handled by second year students. Patients referred to specialty clinic would be seen by third and fourth year students who are rotating through each area. While in each area, the intern would also attend classes pertaining to each specialty. Provisions could be made during the fourth year for the intern to select an area (s) of specialty where he/she could spend more time. This plan would integrate students into patient care much faster (2nd year) and greatly increase the number of patients seen. This increase would bring in more than enough money to pay the extra staff needed. Perhaps no more staff would be needed because patient flow would be constant, thus staff would not spend thirty minutes reading magazines before the stack-up of cases is presented at the end of the session. In the specialty areas students would not have to rely on the luck of the draw to see patients because they would be referred from general clinic. This situation would encourage sharing of interesting patients, not hoarding as goes on now, thus broadening our clinical experience.

I have presented a plan that would increase the number of patients seen, increase the quality of care given, broaden our exposure, and increase our expertise, and at the same time increase the money coming into the clinic. Alas, I fear these changes may be too progressive for the Neanderthal minds that run our institution.

Finally, I would like to address the PCU system. This nasty little monster is creating quite a stir. Once again the minimum requirement are being set by the previous year's average. As per the last listing of acquired credits posted on the fourth year room entrance, almost all of the class does not have enough clinic slots available to make this minimum. Why a minimum is needed is beyond me. We are already required to attend a set number of clinic slots, and cuts must be made up when taken. What is happening is we are dependent on the cooperation of clinic patients to meet our requirements. As a solution to this mess, I suggest that we give the staff 25 patients each month, 19 of which must show up for their appointment or the staff would not receive their salary for that month. I'm sure we would soon see either a change in the system or a lot of staff looking for outside income.

EDITORS NOTE:

I would like to thank the student who sent in the paper on senior research studies. It was very, very interesting! Your research on myopia and its relationship to _____ size was to say the least different. Sorry it wasn't funny enough to print, but it will be on display in the fourth year class room.

Keep up the good work! We'll be all waiting for your new study on hyperopia and the female optometric student.

STUDENT ASSOCIATION REPORT:

In an upcoming election, the student body will be asked to pass a proposal stating that the activity fee of \$13.50 per year be raised to \$18.50 per year. The following is a general explanation of the student association budget for this year. Hopefully, it will explain where the money goes and why the activity fee should be raised.

EXPENSES:

Social Functions (Picnics, dance)	4400.00
FOCUS	500.00
Class Allotments	375.00
Intermurals	250.00
AOSA Trustee Expenses	200.00
Electric Piano	500.00
AOSA Dues	2920.00
Basketball Team	150.00
Bridge Club	35.00
	<hr/>
	9330.00

INCOME

Activity Fees	7884.00
---------------	---------

This is the only guaranteed income for the association. We manage not to go into debt by supplementing our income with the equipment fair, contributions from the Alumni to cover specific expenses, and whatever is left over from the year before. Somehow we manage.

One third of our income goes to cover the cost of the mandatory dues of the AOSA. The cost is \$5.00 per student per year. The increase next year would pay this \$5.00, leaving more money for social functions. As it stands, we only have 3 major school functions per year. The additional \$2,920 would allow us to have a couple of informal functions throughout the year.

We ask you to please consider passing this amendment. The extra money will go to you so that we may serve you better.

LETTERSTOFOCUSLETTERSTOFOCUSLETTERSTOFOCUSLETTERSTOFOCUSLETTERSTOFOCUS
CHEAP?

Is it true that two ICO Deans/Optometrists/Instructors were unwilling to risk 5¢/hour (maximum cost \$2.50) to help support the single ICO marathon dancer for cancer?

"Unknown student"

Editors Comment: I don't know, is it true?

ADVERTISING AT ICO

Wanted:

Anyone needing a general EYE exam for only \$25.00. We will include a free contact lens screening at no extra charge. Be screened for hard lenses, come back for soft lenses. You will find we are flexible to your needs and may even fit you with the new flex lens. Do your eyes tire while reading? Try our low rates for V.T., to relieve you of your stress---only \$4.00/session or less, if you qualify for IPA. We may even consider acceptance of food stamps. Free check for Avitaminosis.....We can make things glow in the dark!

Available through ID # SCU 33

Call toll free anytime (day or night) 800-225-1700

CLINIC GRADING QUIZ

Please match Grade to discription of Preformance by staff.
(actual remarks and grades below)

- | | | | |
|---|---|---|---|
| 1. Job done well, patient properly handled | 1 | 2 | 3 |
| 2. Difficult Case, over stimulation of convergence with myopia (unstable). Intern recognized problem to reappoint for further diagnostic workup prior to Rxing. | 1 | 2 | 3 |
| 3. "Good Work" | 1 | 2 | 3 |
| 4. "Handled patient very well,....Diagnosis and Interpretation excellent....." | 1 | 2 | 3 |
| 5. "Good analysis of case" | 1 | 2 | 3 |
| 6. "Good" | 1 | 2 | 3 |
| 7. "O.K." | 1 | 2 | 3 |

ANSWERS

1. 2
2. 2
3. 3
4. 2
5. 2
6. 3
7. 2

Comment: Clinic Evaluations yes!
Clinic Grading under the present system a joke!
A list of staff doctors who give 3's is in the 4th year classroom: better yet fill them out yourself

DOWN WITH NEGATIVISM AT ICO

Bitch! Bitch! Bitch! Gosh, you'd think we were all stuck in Alcatraz or something. Well, I don't know what all the fuss is about because I think this place is GREAT! Some people constantly complain about not getting contact lens patients. Well, I personally don't mind going out of my way to get CL patients, even if I do have to slip them a little something. I figure that we should pay our guinea pigs just like other places do. I've also heard lds of rumors that there are not enough staff doctors in the clinic aisles that are free, but I feel this is unjustified because I have never had to wait in line for either of my staff doctors....Kaufman and Sharp! Racking up SCU units is a cinch and not as difficult as everyone is crying about. You can really rack them up in VT before you know it. I think it's GREAT in VT because there is usually nobody around to watch what you're doing, so you can use the Major Rotator a LOT and nobody will notice. Also, I train my patients to do their own VT so that they can check-in with the Big A and get started while I do other things! So far I have clocked over 100 VT visits and you can too! CL's is another place to get easy SCU units. All you have to do is slap 'em on and send 'em home. You can always change the fit later, if things don't work out, and you can still get SCU's in the meantime. "It's like money in the bank." Therefore I do not see why so many people gripe when I think this place is GREAT.

A lot of people have said that they never do anything in path lab, but this is a bunch of hogwash, because I get a lot done, like I wrote this letter. So you see, I don't see why everyone Gripes, I think this place is GREAT!

*****Name withheld to prevent
reprisal by fellow students

HUMOR:

"ONLY IN OPTOMETRY"

The South African Optometrist, December 1975
Interesting data was obtained:

PD: near 882 mm
Corneal Size Horizontal about 26 mm
Mean Refraction +.16D
Pupil Size 3.5

Super Retinoscopy revealed that the elephants examined were almost emmetropic. This method appears to be the only accurate and practical method of refraction of elephants or any other animal being examined in intense light.

External Illumination: Glassmirror and sunlight and elephants were examined from a helicopter. Elephant #12 died just before the exam was to begin.

STAFF: Managing Editor: Sam Wolfson
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Dominick Maino
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Randy Melchert
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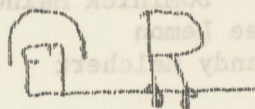
- KEY:
1. Sine Wave
 2. Gaussian Curve
 3. Feedback: Notes on staff - BEEDBAC
 4. Fading (or blurring vision)
 5. Distortion
 6. Facial Symmetry
 7. Pressures
 8. Eyeball
 9. Cataract
 10. Prism diopter
 11. Reversals
 12. Error
 13. Salt and Pepper Fundus
 14. Cross Correlation
 15. Embedded
 16. Eye's Disease
 17. Ring Scotoma
 18. CPR

A picture is worth a thousand words, so a pictureword must be worth 1001.
**Idea from IEEE Information Theory Group Newsletter.

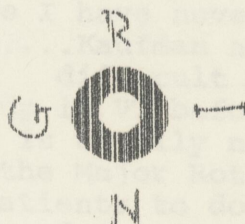
Thank you.... Ann Clark



FADING



EMBEDDED



SYMMETRY

NOT FOR STUDENTS ONLY: Why ICO Lacks a Healthy Academic Atmosphere and
What can be Done About It.
by Dennis Hinson '78

There is a major hindrance to the enhancement of each student's natural academic inquisitiveness inherent in the current structure of optometric education here at ICO. The problem has far-reaching affects, but the solution is simple. All ICO students have previously proven the ability to achieve at a high level; however, shortly after their optometric education begins some force acts to equilibrate the performance of most students to only a mediocre level. This is not because of the pressure of more keen competition. The majority is satisfied to perform at this average level when their potential is much greater. The reason for this is because during our formative "first year" ICO presents its worst image.

Optometry suffers from an identity crisis---in the mind of the general public and in the mind of at least some first and second year students. I doubt if first and second year students can give a "gut" definition of optometry. Optometry really is the doctor-patient interaction and all resulting actions initiated by it, no matter the optometric specialty. First and second year students have almost no exposure here. This causes ignorance as to the essence of optometry and ignorance about its composition. In the words of a famous philosopher: "If you don't know where you're going, any road will get you there." The most common road is the one of least resistance---that is doing only whatever it takes to pass. The strong motivation for learning is not there. The student doesn't see the benefit of learning because he doesn't know how what he learns will be applied. Deprivation at this stage is devastating. Having to judge the profession only from exposure in lectures during the first two years gives no view or at best a warped view. If an optometric student is not aware of what optometry is until he himself is the doctor in clinic, then his approach to patient care will be limited in scope. When confronted with a decision in clinic, he, not having a working background upon which to draw, will make the simple decision (7a) or none at all. This limited approach may remain forever (Sears). Perhaps optometric awareness arising in third year will awaken the student. Had this occurred two years earlier his full potential would more likely be realized.

Judging from recent performance on National Boards our early optometric curriculum in letting us down; even with the massive number of lecture and laboratory hours, we aren't learning. I propose a change which will help to raise the sadly low level of academic attitude at ICO. Students should be stimulated to want to learn maximally, and they will if exposed to the doctor and patient relationship in all of optometry's specialty areas early in the optometric curriculum. This will give a feeling for what optometry is all about, and give adequate time for formation of a particular model of vision care. This necessary exposure can't be on a limited basis, as has been the case. Almost from day one, of year one, weekly clinic attendance should be required ---starting with observation and recording and as the novice gains expertise, lensometry, airpuff IOP, visual skills, blood pressure, etc. This "clinic Time" taken away from lecture or lab is time well invested. If the student feels actually involved in patient care, optometric learning takes on a new relevance, and will lead to higher levels of academic performance.

Fourth year interns can be employed in the educational process as effectively as they are now employed raising the revenue; we have the basic knowledge of optometry upon which first and second year can draw. We know the problems they are facing, we know the questions that need answered, and perhaps we are the best ones to provide the answer. At least we can provide first-hand insight into the nature of optometry. Triton College seems to know the benefit of placing optometric assistants in our clinic. Future ICO optometrists should be there too-----

Continued

NOT FOR STUDENTS ONLY: Continued

they have better backgrounds and more to give from the experience.

If we give first and second year students the exposure to optometry which they deserve, then more of the responsibility for their education they can assume themselves, because of increased interest. Not all will be stimulated, but all should be given the chance so that the most can be made of their abilities and opportunity.

UPDATE

Dr. Gettman of California is scheduled to speak in Rodriguez Auditorium on Functional Vision, March 14, at 7:00 P.M. (Tuesday). The Student Association is funding Dr. Gettman.

Dr. Don Getz, also of California, is speaking on Binocular Vision, Vision Therapy, Functional Vision, establishing VT into your practice, etc, on two evenings, March 15 and 16, at 7:00 P.M. in Rodriguez. Bausch and Lomb and Walman Optical are sponsoring Dr. Getz. (Wednesday and Thursday).

Dr. Louis Catania, of Rochester, New York, is presenting a National Board Review in Ocular Pathology on March 18 and 19 in Rodriguez. Dr. Catania has lectured at numerous conventions and continuing education seminars, and is well worth the Saturday and Sunday morning (9:00 AM - 12:30 PM) lecture times. Funding for this program comes from Bausch and Lomb and The Collegiate Society of the Illinois Optometric Association.

The Student Association is planning the election in April of a new Notetaking Director and Assistant Director. Each of these positions pay \$250.00 per quarter.

Responsibilities of Director include management of notetaking staff, payroll, class coordinator hiring, etc. The Assistant Director's main responsibility is the printroom. Hiring and training printers, ordering paper, ink, stencils, and keeping the machines in working order are included in the duties of Assistant Director.

Applicants should put a resume in Leonard Schlofman's mailbox #431 before March 31.

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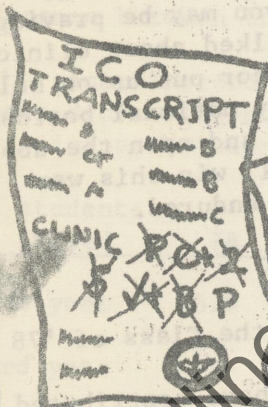
FOCUS

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Illinois College of Optometry
3241 S. Michigan Ave.
Chicago, Ill. 60616

Graduation Issue!

May, 1978

Good Luck
Class of '78



CLC 5/78

THE FOCUS

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Faculty Recruiting
by Theodore Grosvenor

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by Michael Perez

The Real Story on National Boards
by Denise Thanepohn

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Murphy's Law
by Jim Nordquist

COVD Review
by Marsha Davis

Moving the School
by Denise Thanepohn

ICO Ripoffs

A Tribute to Trivia for the
Class of '78

ICO Staff Have Problems Too !
by Sam Wolfson

Chew On This
by Cathy Cochran

ICO FACULTY RECRUITING

BY Theodore Grosvenor

Several students have recently commented to me that ICO appears to have a shortage of faculty members and have asked me if the administration intends to do anything about recruiting additional faculty. The purpose of this article is to try to convince readers of FOCUS that we are aware of the faculty shortage, and we are trying very hard to recruit faculty members to relieve this shortage.

During the current academic year, we have had two full time faculty vacancies due to the resignations of Drs. Hatfield and Gindoff during the summer.

(con't page 2)

THE ICO STRUGGLE IS ALMOST OVER

by Michael Perez

(To the tune of "The Twentieth Century
is Almost Over" by Steve Goodman)

Back in the fall of '74, when ole Shel Siegel met us at the door, if he had only told us what he had in store, would he have put us on hold. But now there's only one thing I'd like to know--where did the days of GO lab go, it seems like shake and bake was not so long ago, four years we've endured.

CHORUS:

And now the ICO struggle is almost over,
almost over, almost over, the ICO
struggle is almost over, four years
we've endured.

Does anyone remember checking and chaining, I learned all about it in my gang fight training. The last time I tried some visual training my patient put me on hold.

Does anyone do more than a four and a seven, come on now gang let's have a true confession. If you do we'll send you all to OEP heaven, four years we've endured.

CHORUS

Does everyone know their SCU rating, check with Amelia you may be praying. The last time we talked about clinic grading, Ted Grosvenor put us on hold. But just let me pass my national boards get a state license and open the doors. If I can do that I'll win this war and four years I've endured.

WITH OUR LOVE

from the Class of '78

Many faculty and staff have contributed a great deal of their time and effort to help make us good optometrists. The fourth year class has sure appreciated their good work and conscientious desire to teach us under oppressive and archaic working conditions. We salute you !

THE REAL STORY ON NATIONAL BOARDS

by Denise Thanepohn

Rumors always fly around National Board time. 3/4 of the second year failed the exam because only 13 questions were counted on the Visual Science I section, etc., etc. Exactly how did we do last year? I put that question to Dr. Caden who has been doing the National Board reports for Dr. Rosenbloom for the past four years, and presently is chairman of a committee formed last October that has been looking into our poor performance on National Boards.

According to Dr. Caden, this year the Board reported mean percentile score rather than the mean average score as done in the past. The rank of ICO was as follows:

2nd year (Part I)	
Theoretical Optics	10 out of 13
Visual Science I	12 out of 13
Ocular Anatomy	12 out of 13

3rd year (Part IIA)	
Ophthalmic Optics	9 out of 12
Visual Science II	9 out of 12

4th year (Part IIB)	
Theoretical Optics	11 out of 12
Ocular Pathology	12 out of 12
SLEEPA	11 out of 12
Ocular Pharm.	12 out of 12

Dr. Caden felt that this wasn't a very meaningful statistic. He said that there was only a small amount of percentile difference between the schools in most cases.

The general trend at ICO since 1974 has been decreasing percentage of students passing each year:

% students passed	74	75	76	77
2nd year	85.8	92.4	80.3	72.2
3rd year	---	95.0	97.6	84.2
4th year	72.4	92.0	86.6	80.0

(cont. page 3)

ICO FACULTY RECRUITING, con't.

These vacancies due to the resignations of these two doctors have resulted in teaching overloads during the Fall and Winter terms, with faculty members averaging more than 15 "FTE units" during these two terms as compared to the standard teaching load of 14 FTE units.

Since September of last year, one of my most time-consuming tasks has been the recruiting of faculty members for the 1978-1979 academic year. On Dr. Rosenbloom's recommendation, the Board of Trustees has created two new full time positions and one FTE (full time equivalent) part time position. We can, therefore, recruit four new full time faculty members; and assuming that we have no resignations this year, this will give us a complete faculty roster.

Our recruiting efforts have not been concerned only with filling faculty "slots" but in attempting to attract highly qualified people with varied backgrounds who can bring richness and variety to our teaching and research programs. ICO has been criticized, and rightly so, for inbreeding. For example, only two of our present O.D. faculty members received their optometry degrees anywhere other than ICO. We badly need not only optometrists with backgrounds other than ICO, but also optometrists holding M.Sc. and Ph.D. degrees in physiological optics and other science areas.

Our recruiting campaign, or rather campaigns, during the present academic year have been aimed at five groups of people:

1. Experienced faculty members at other schools and colleges of optometry.
2. Graduate students completing M.Sc. or Ph.D. degrees.
3. Optometric practitioners with experience in private, clinical, or military practice.
4. Optometrists newly graduated from other schools and colleges of optometry.
5. Optometrists newly graduated from ICO

The Academic Committee, which serves as the Faculty Recruiting Committee, together with Dr. Rosenbloom and myself have interviewed close to a dozen candidates in the first two categories. Many of these

(con't page 3)

THE REAL STORY ON NATIONAL BOARD RESULTS
con't.

The exact number of students taking the exam for the first time, and the number who passed and failed are as follows:

Part	#students	#passed	#failed
I	144	104	40
IIA	114	96	18
IIB	115	92	23

Among the fourth year, 19 students wrote both Parts IIA and B, with 17 students failing both parts and 2 passing both.

The average cumulative grade point at the end of the year for students who failed the exam was:

2nd year: average 2.67; high 3.41, low 1.83
3rd year: NO DATA (tentative pass)
4th year: average 2.77; high 3.47, low 2.14

The correlation between rank in class determined by cumulative grade point average here, and the rank according to the weighted average score according to the part of the NBEO written:

2nd year-- .62 correlation, t-value .946
probability < .002
3rd year-- NO DATA
4th year-- .69 correlation, t-value 10.18
probability < .002

Since the correlation is moderately high, it seems to indicate that students that do well academically here at ICO also tend to pass boards.

Above are the hard facts. Dr. Caden says they're not as bad as they look. All I can say is that they look pretty bad, and "better than bad" isn't good.

ICO FACULTY RECRUITING, con't.

interviews were held at the annual meeting of the American Academy of Optometry held in Birmingham in December, and others were held here at ICO. We have made offers to several of these candidates, and are awaiting answers from them.

As for the third category, we have advertised for Clinic Faculty in the AOA News, the AOA Journal and the Optometric Monthly, and have received several applications in the last few weeks. Some of these applicants will be asked to come to the College for interviews.

As for the last two categories, we are going to initiate a Clinic Fellowship program this September. The program is designed for newly graduated OD's (from other schools as well as from ICO) and is designed to bridge the gap between the individual's role as a student and that as a teacher. I like to characterize it as "75% teaching and 25% learning." It has many of the earmarks of a graduate program or a residency program, and requires a publishable research paper at the close of the academic year. Several of our own graduating students and one graduate of another school have expressed an interest in the program.

I hope you will agree that we do know that we have a faculty shortage and that we are doing something about it!

APOLOGY

In the last issue of FOCUS, the question was raised as to whether any members of the Administration or staff had contributed to the dance marathon contestants. Well, at least two did and Sheldon Siegel and Mr. Dame did their fair share.

Sorry for the oversight.

THE EDITOR

IS THE GRASS REALLY GREENER?

by J. Faron

I don't mean this to necessarily be a P.R. number for ICO, but rather something to consider when things at this institution really seem to be getting out of sync.

Last week, two fourth year students at Indiana University College of Optometry, in Chicago for a COVD convention, came by ICO to see the school. I along with another student had an opportunity to talk with them as we walked through the school. Most of the things they observed, drew positive responses and frequently limitations they mentioned of their institution, applied equally to ICO.

To begin with, they were attending the COVD convention to find more about the areas of functional vision and visual therapy. Their comments seemed to indicate some gaps in their program in these areas.

They were quite impressed with our facilities equipment, path lab, and even our student lounge. They, like we often do, complained about the adequacy of staffing, yet their classes number 1/2 of ICO's and they are a state supported institution. They also seemed to envy our patient population and its concurrent ocular problems. It seems that the community they draw their patients from is small and not very diverse.

They did talk favorable of their academic offerings and that most IU students passed National Boards. I did not feel from their comments, however, that the quality of the programs differed significantly. What seemed to separate the two programs was the emphasis given boards. In any means, their comments were quite favorable to what they saw at ICO.

Since the above commenting is only a statement of opinion, consider it as NO more than this. The purpose of relating the interchange is merely offered to assist in keeping things in a broad enough perspective. In these four intensive years at ICO, it is often easy to lose this perspective, and in the course

of daily activities, we begin to think things elsewhere are so much better. Things here may not be optimal, but I doubt if they are anywhere else either.

MURPHY'S LAWS (Plus additional comments)

by Jim Nordquist

1. In any field of scientific endeavor, anything that can go wrong, will go wrong.
2. Left to themselves, things will always go from bad to worse (like many of the policies at ICO).
3. If there is a possibility of several things going wrong, the one that will go wrong is the one that will do the most damage.
4. If everything seems to be going well, you have obviously overlooked something. (This could apply to any ICO test, National Boards, or my CL and VI patients.)
5. Any item cut to length will be too short. (Reminds you of O.O. Lab, doesn't it?)
6. A dropped instrument will land where it will do the most damage. (Or, then trying to put a CL on a new patient, if the lens falls out, it will always land on the patient where it is a no-no to pick it up yourself) Also known as the law of Selective Gravity.
7. Interchangeable parts won't. (Most frames come to mind here.)
8. A device randomly selected from a group having 99% reliability, will be a member of the 1% group. (For some reason, this is reminiscent of AO noncontacts.)

(cont. page 5)

MURPHY'S LAWS, con't.

9. Dimensions will always be expressed in the least usable form (e.g. Apostilbs per square furlongs!)
10. (Surely you have one of your own!)

CRIME AT ICO

The majority of students at ICO are being hurt by a few who are stealing all types of equipment. If this minority feels that they are ripping off the "school" they are dead wrong! They are screwing the students. WISE UP PLEASE, and bring back the equipment.

IN A JAM

When the library photocopier doesn't work, please report this to someone on the Library Staff immediately. Don't try to force it by putting in nickel after nickel, or by other emergency tactics.

Last week someone did this when the paper feed jammed. The result was that instead of a minor malfunction that probably could have been fixed on the spot, we had a major breakdown (created by a thick wad of paper forced between the rollers) that required a complete tearing down and rebuilding of the machine by a repairman. The machine was out of service all morning instead of a few minutes.

So, please.

C.O.V.D.

by Marsha Davis

April 29 and 30 was an ICO-COVD seminar at the Ambassador West. Criticism can be offered for the way the program was structured. Dr. Swarthant should have been one of the opening speakers, and someone should have asked Dr. Pierce to wake up before he started speaking, but overall there was a great deal to be learned.

C.O.V.D. con't.

Dr. Marilyn Heinke made the opening remarks, which were very well received. The first speaker was Dr. James Blumenthal who has a very large and successful practice in Riverdale.. He concentrated on how to build and run an efficient, profitable vision therapy practice. Dr. Conrad Mazeski related nutrition to vision and optometric care. His discussion included a case history form, symptoms of nutritional deficiencies, some basic dietary components and their effects. He also spoke on the detrimental effects of sugar on visual function, and gave examples of sugar content in a child's food intake.

The presentation by Dr. Gary Porter was accepted with a great deal of interest and commendation by those listening. He explained vision as an information processing system, reviewing some of the neural pathways and cortical functions. This was also related to some perceptual skill

The rest of Saturday afternoon was taken up by a lecture by Dr. Jack Pierce, from the Center for Developmental and Learning Disorders at the University of Alabama. The title "VT for the OD who dislikes VT" was perhaps deceptive; this was not a recipe index of simple procedures. Dr. Pierce broke his subject area down into different aspects of visual dysfunction, and how he approaches them. He also presented research related to the topics. Some highlights of Dr. Pierce's presentation included an explanation of accommodation and high myopia, principles behind progressive binasal occlusion, saccades, and a discussion of fusional vergences.

On Sunday, in the morning Dr. Baxter Swerthant spoke about Functional and Developmental Optometry: what and why it is. As he addressed the question, "Are we talking Optometry or Psychology?" If you don't have a sound base in Optometry then you look at things the way you think someone else would. Try things. Observe performance. See if they work and make decisions yourself, based in an Optometric referential framework. The second part of

C.O.V.D. con't.

Dr. Swerthant's talk concerned the use of low plus lenses and some of his work and observations.

The final presentation was given by Dr. Hienke, speaking on her own clinical applications of electrodiagnosis. Dr. Hienke uses alpha-wave and VER regularly, and has a unit in each of her two full time offices. She explained very basically the instrumentation and how to interpret the results and excited everyone with the data she brought showing effects of lenses, therapy, and some characteristic patterns she is finding. She perhaps expressed the idea behind all of the work that had been presented: she claims not to be an expert or to have all the answers but stated that "People who wait until they have the answer to start, are robbing their patients."

CHEW ON THIS

by Cathy Cochran

The following is the average weekly time budget for 3rd quarter, second year:

30 hours in lecture or lab
30 hours average study time (assuming
1 hour average per class hour)
56 hours sleep (probably an exaggeration)
15 hours travel time to school
15 hours meals with preparation

146 total hours

This leaves approximately 22 hours per week for showers, dressing, exercise, housecleaning, reading journals, hearing guest speakers, clinic observation, and patient exams, keeping up with current events, part-time jobs, and, heaven forbid, RECREATION. This does not include the numerous hours spent in preparing for the National Board, which also fell during this quarter.

Instructors, for the most part, have been patient and sympathetic. But, this is a situation which should never be allowed again. There just is not enough time to

CHEW ON THIS CONT.

absorb the material presented in class, much less for learning it in depth.

MOVING THE SCHOOL--LET'S TALK ABOUT IT

by Denise Thanepohn

Last week during an extremely frustrating moment, I happened to think back on my previous article about moving the school. After some deliberation, my conclusion was that it is feasible and it should at least be discussed.

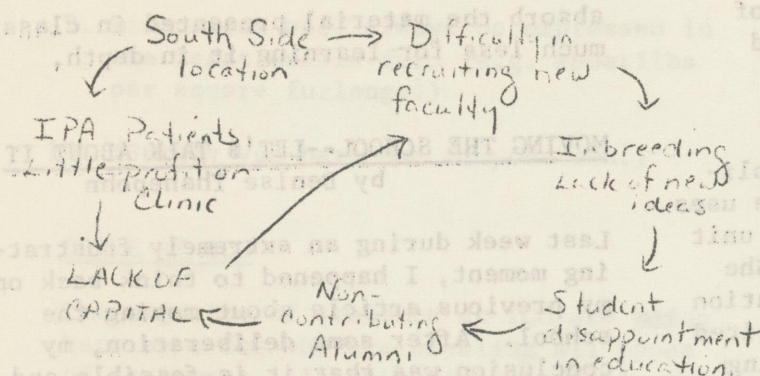
Very few people, if offered an alternative would choose to work or go to school on the South Side of Chicago. Extremely high rents and long commutes are the basic factors involved, along with the fear of being attacked. These things make it very difficult to recruit faculty from other schools. Most want a house with a yard, and a nice environment in which to live.. Houses in Chicago are way out of the price range affordable by young faculty.

For this reason, there is the infamous "inbreeding" here at ICO, a lack of new faces, new ideas, and new ways of doing things. Mistakes are propagated; there is a reluctance to change "the way things have always been." Students become dissatisfied with their education: lack of new perspectives and poor performance on national boards. When they graduate, they are "non-contributing" Alumni. The "I'm not going to give this place a cent when I get out" syndrome is an epidemic here.

When you don't have supportive Alumni, there's going to be a lack of capital to pump back into the school. Also, since the Clinic has a large number of IPA patients, little profit can be derived from Clinic operations. So, the general lack of capital reduces offers to prospective faculty, and the present faculty don't get the raises they deserve. It's a vicious circle:

(con't page 7)

MOVING THE SCHOOL--LET'S TALK ABOUT IT
con't.



If the school was moved to a suburban area, perhaps, it would be easier to get new faculty, students would be happier, and the new Clinic would be making money, adding to school capital. Faculty would be paid better and student tuition wouldn't go up so much. The South Side Clinic would be maintained as a satellite clinic and could be a required unit of clinic rotation for 3rd and 4th year interns. Thus, the public service we provide will not be lost to the people of this area.

Finances are the catch of course. What do we do with the old building, and where do we get the money for a new complex? Concerning the old complex, perhaps the dorm could be sold to IIT because they are rapidly expanding and have kicked ICO students out of the dorm due to lack of space. The clinic facility could be left as is.. This leaves the classrooms, offices, and labs which might also be rented to IIT.

A new complex, judging from Houston's new set up, would cost around \$10 million. Where would we get that kind of money? As a first step, I think an Alumni fundraiser would collect a quarter of that needed--2.5 million dollars. According to the Alumni Office, there are 7200 living Alumni.. This averages out to a \$350.00 donation per graduate. With a lot of publicity, enthusiasm and push, I think it's possible. Some will not give, but others will give more than that amount. Once there's some solid capital behind the venture, revenue-sharing bonds and/or

institutional bonds could be issued. We might even be able to get a tax break from an interested community, or grants from certain companies. And, of course, there's always the government. When PCO built their Eye Institute costing \$5 million, 3.7 Million dollars was provided by federal funds.

What it all boils down to is this: Let's talk about it! It's an idea that should be discussed. The students, faculty, and staff that I've talked to seem to think it's a good idea.

Dr. Grosvenor gave me an unconditional "no comment" on this article. I can only assume that this change in attitude has something to do with the other members of the Administration or the Board. I reiterate--let's talk about it! It is at least feasible enough to discuss! It just might be the light at the end of the tunnel.

A TRIBUTE TO TRIVIA

For the Class of '78

It's hard to say exactly what the accumulation of four years of professional education is, so we felt that one more test might be in order before we take leave of this institution of higher education. So pick a winner, and remember, if in doubt, make it "c". Match the quote to the person, some more verbose turkeys may be used twice.

1. Be a man and eat it.
2. More about that in physiology.
3. You gotta see which way the wind is blowing.
4. Gentlemen, and ladies of course.
5. Anybody here from Omaha?
6. Wun Wun Wunaway Rim ru ris
7. Use it or lose it.
8. The Howard Cosell of Optometry
9. Remember Calluchi!
10. Only One Man Knows, and he's not telling.
11. Yes, you can get VD in a bathroom, but that's a heck of a place to take a girl . . .

(con't page 8)

A TRIBUTE TO TRIVIA

con't.

12. If you're going to get the name, you may as well play the game. . .
13. Give the lady what she wants.
14. You gotta evert.
15. You fellas . . .
16. Gar - bage!
17. Code Blue!
18. It's not what you think about what you feel, it's what you feel about what you think.
19. Would you like me to draw a Pop-eye?
20. Giant Space Bunny
21. Hisssssssssssssss!
22. Funduscopically serpiginous
23. At ICO every day is turkey day.
24. Give 'em plus fifties.
25. Men! Women! Children!

ANSWER CHOICES:

Drs:

- | | |
|-----------------|----------------------|
| a) Teshima | j) Greenspan |
| b) Jaskowski | k) Tennant |
| c) Porter | l) The Unsung Intern |
| d) Gindoff | m) Shulman |
| e) Stelmack | n) Nelson |
| f) Humble | o) Medak |
| g) Chino | p) Barry |
| h) Alexander | q) Wodis |
| i) Class of '78 | |

RIPOFFS: BELIEVE IT OR ELSE!

Name withheld

Did you know that ICO was asked to be a part of a funded project, endorsed by ASCO that would have created a Ph.D. program for Behavioral Optometry? With all the screaming for Ph.D.'s and accreditation, someone didn't follow through and we lost it.

Did you know that 15 people have quit working here at ICO in the last year? (Don't feel bad that you can't quit and go to another school--it doesn't seem to be any better anywhere else.)

Did you know that there is a \$1,000 cash award for the best senior research project in functional vision? Information may be obtained by sifting through administrative wastebaskets.

S.O.B.C.

The above does not refer to short order bryl cream. It is a serous attempt to save our BRIDGE CLUB! Yes-an ICO institution almost as old as Mr. Weil is about to bite the dust (Peter, that's for all those rabbit jokes!) The bridge club consists of 4 students, is funded by Student Council and is a fun, learning experience. We have only 3 student players for next year (the two outstanding fourth year students are leaving). We need one more. Even if you're crummy--you're better than staff, and you'll learn and improve. So, don't let Mr. Weil scare you and join up.

By the way, we had our best year this year and we were (drum rolls) 4 and 6.

Janet Schwartz '78

SMOKING POLL

Here are the results of the student poll on smoking:

1. I am in agreement with the current smoking policies at ICO as stated in the Student Guide.

YES 141 NO 19

2. The cigarette machine in the student lounge should be removed.

YES 101 NO 51

3. I am in disagreement with the current smoking policies at ICO.

YES 39 NO 71

As a result of this survey, the cigarette machine will be removed from the student lounge according to administrative sources.

ICO STAFF HAVE PROBLEMS TOO!

After interviewing a number of staff members, many common problems were found to be obstacles to attraction and retaining good staff at this school. Other problems concerning staff and student interactions were also noted. Below were some common concerns expressed to FOCUS.

1. Too many students for the physical plant and for the members of the staff to handle.
2. Salaries are low and the location of the school is poor.
3. The faculty is overloaded with work.
4. Extremely little office space, which makes it very difficult for staff to interact with students and other faculty members on a one to one basis.
5. Visual Therapy equipment that has been needed for years is not budgeted.
6. ICO, the oldest institution of optometry, is the last school in North America to set up its electrodiagnostic clinic and it's still not completely functional yet.
7. Faculty don't have their own typewriters to use in their offices.
8. There is almost no secretarial help for the staff. Obviously their time is wasted if they must type up their own materials.
9. It has taken some staff 1 year to get a Master Key.

The Faculty have honest complaints about ICO students as well.

1. Students demand time, but are not prepared for labs or don't even show up yet wonder why attendance is becoming mandatory.
2. "Elective" courses have poor attendance.
3. Equipment stolen by students turns staff off.
4. Maintenance at the school is at an all time low.
5. Policies handed down from above are sometimes arbitrary and lack planning and foresight.

6. The Board of Trustees don't seem to know what is going on, or are being told that things are better than ever.

Well, those are some of the Faculty frustrations and we will continue to lose or fail to attract good staff if the status quo continues at ICO. The solution rests at the top; Strong, Progressive, Leadership is needed if ICO, the oldest optometric institution is to grow and prosper!

THE EDITOR

N.B.E.O.

Every year more and more state boards are requiring passage of National Boards as a prerequisite for taking a state board exam. In theory this is a good idea because many of the state board officers are not familiar with what is now being taught at the optometry colleges. The problem is that since most state board officers don't know what is a good or bad test question; they think that the National Board exam is a valid and fair test. Because of this, you may expect to see more states requiring national boards every year.

It hardly needs to be mentioned to the students about the quality of the NBEO exams. The NBEO exams don't even follow their course outlines let alone write questions that have only one or even one correct answer. With such poor quality of tests, why are more and more states requiring students to pass the NBEO exams? At of all, the states don't know the exams are of such poor quality. Second, the people who have become licensed in their state get the "pat myself on the back" syndrome and feel new applicants to their state are going to have to prove that they are "as good as me".

The AOSA has made some sort of attempt to improve the NBEO exams every year and get only minor concessions if any change at all.

(continued page 10.)

N.B.E.O. con't.

The only way to improve the national boards is to hit them where they hurt, by activating the state boards. If the state boards stop accepting the National Boards the NBEO will have to improve or lose all of its dubious credibility.

So, there is a challenge to the graduating students. When you start practicing, remember those NBEO exams and what you went through and then make sure to tell your state board members and colleagues in your state. The NBEO has had plenty of time to improve its tests and yet they haven't even with AOSA prodding. It's up to you, the graduate, to really do something about this farce that is known at the NBEO.

CONCERN FOR BETTER PATIENT CARE

With less than a month to go, the fourth year class should be filing board applications and finalizing their future plans. Instead, many of us are still scrambling for required patients and SCU's. I can't help but feel that this system needs revision.

I am a firm believer in complete patient care. You should follow your patient from soup to nuts. However, distribution of patients and requirements for graduation is uneven and this breaks down the system. There is nothing intentional about the patient assignment. It just happens that some interns get patients requiring VT or CL's and some don't. The requirements for graduation are by no means excessive or unreasonable. But, as you will soon learn, there are many patients who can't afford or don't care to follow the marvelous program you wish to initiate. We all have stories on how patients come through, but the important point is that they sometimes don't.

In order to even out the specialty clinic patients, I'm advocating that VT and CL pools of patients be created. This pool would come from people who have completed their requirements in one area. The patients would be distributed to needy interns. The pools would remain in existence until all interns had completed their basic requirements.

Although some may argue that this precludes people from specializing in an area, I don't feel this is correct. Most people would have finished months ago if the proper patient funneling had been in effect. Then, those people who wish to fit 20 CL's could have had the remaining months to experiment and fit.

At present, there are consultation groups for VT but not for CL's. This is unfortunate. It would be needed as a check in the proposed system but would also serve as a valuable forum for the interchange of ideas. It would enhance patient care since too often a harassed CL staff can't take the time to discuss the particular problems of a case.

A change in the present system is needed. We (the fourth year) are leaving. The problem remains. It is in the hands of 3rd and 2nd year students to see that something is done.

Janet Schwartz

ON THE LIGHTER SIDE

The Passover Seder tells a story about the four years at ICO. We hear of the wise class, who are trying to understand how they fit into this mess; the wicked class, who knows everything there is to know and doesn't want to hear it anymore; the simple class who just wants to know what's going on; and the class too young to inquire, who still doesn't know what hit them.

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The Staff of the FOCUS wishes to thank all of those who have made this paper possible during the year. It is vital that more students get involved in expressing their views on the issues facing themselves as well as the staff and the profession.

Thank you.

THE EDITOR

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FOCUS

December, 1978

AOSA Plans Professional Congress

The annual American Optometric Student Association (AOSA) Convention in Columbus, Ohio promises to be a stimulating and fun experience. The more than 30 exhibitors, many educational sessions, free lunches, Bong Show, banquet and parties make this a congress not to be missed.

Dr. Irving Bennett, editor of Optometric Management has been lined up as the key speaker, which promises a controversial lecture. Dr. Irving Borish, Dr. Ashley King (from the national boards), Dr. George Gottschalk (practice management), Dr. K. Meyers (veterans administration), Dr. Timothy Kime (AOA trustee), Dr. Richard Hopping, Dr. R. Hill (contact lenses), Dr. J. Eskridge, Dr. P. Cook, (practice management), Dr. V. Petrie (vision therapy), Mr. T. Latanich (FTC optometry price advertising) and Mr. B. Maslovitz (public health) are among the featured speakers.

The Bong Show will display the talents (?) of contestants from the various Optometry schools. ICO can enter two show delegations to compete.

The AOSA Board of Trustees will meet at various times throughout the congress. Any interested students are encouraged to come and observe. AOSA committees will also meet to plan projects that benefit the members, and all are invited to get involved at the committee level. The convention will close with a banquet and dance. The dance should be open to all and banquet tickets are available.

The congress starts Thursday, Jan. 11 through Jan. 13, in Columbus Ohio. Registration is \$8.00 for all ICO students, plus \$10.00 for the banquet. Accommodations at the Montangy Hilton can be made with postcards available

at the AOSA Bulletin board. Students interested in attending should sign up on the bulletin board, indicating if they want charter bus transportation (approximately \$14.00 round trip), or flight times if flying. Students who plan car pools should also sign up, since there may be funds available to offset transportation expenses.

* * * *

1979 AOSA Nat'l Congress, Tentative Program

Wednesday, January 10

Out-of town arrivals

Thursday, January 11

as scheduled... Board of trustees mtg.
" Committee mtgs/workshops
8:00-5:00 Registration desk open
noon-1:30 Opening ceremonies
1:30-6:30 Exhibits open, luncheon
9:00pm-12 Exhibitors welcome party

Friday, January 12

as sched... Board mtg.
" Committee mtgs/workshops
8:00-5:00 Registration desk open
8:30-10:30 Lecture-Dr. Borish
10:30-1:30 Exhibits open
1:00-2:30 Luncheon, OSU welcome
2:30-5:30 OSU school tour
8:30-10:30 OSU Bong Show

Saturday, January 13

as sched... Board mtg.
8:00-3:00 Registration desk open
8:00-5pm Educational sessions
6:30-midnite Banquet/dance

Sunday, January 14

am Out-of-town departures

The Focus is edited by the Students Association of the Illinois College of Optometry. All articles submitted for publication must bear the name of the author, which may be withheld from printing upon request. The opinions expressed are those of the authors, and not necessarily those of the editing body. Thanks go to the following for their contributions to this issue: Cathy Cochran, Jerry Starchvick, Jay Janani, and Dawn Detring.

This Fall, as in every other year, ICO had an awards assembly. Students who have demonstrated academic excellence, leadership or other talents recieved recognitin. But this year, the student body would like to recognize deserving members of hhe ICO staff for their contributions to the quality of our academic experiences. Following is a list of faculty awards:

Most Creative	Joint honors to Drs. Stelmack and Polcar
Best Dressed	Dr. Spindel
Most Understated	Dr. Paul Shulman
Least Appreciated	Dr. Wodis
Most Agreeable	Dr. Rosenbloom
Most Tactful	Dr. Chino
Most Humble	(guess who)
Most Admired	Dr. Barbara Shorr
Most Ambitious	Dr. Nizza
Most Catty	Mr. Weil

* * *

Letter to the Faculty:

Shortly you will be recieving a form through the mail soliciting your support in a program to provide a series of lectures on topics of special interest to students to be given by members of the ICO faculty. If there is an area in which you have a particular interest and expertise, and would be willing to share your knowledge with students, you need only indicate the subject on the form along with a convenient time when you can be contacted for arrangements. The subjects offered by faculty will be matched to polled student interest to ensure attendance. Those areas of greatest popularity will be arranged for. By necessity, no monetary compensation can be made. Your interest and support will be greatly appreciated.

Please make comments to:

Jerry Starchvick box 457
Student Director of Education

* * *

AOSA Announces-

APHA, the American Public Health Association, Brings together professionals of all areas of health care. Student memberships are available, and information and applications can be obtained from Cathy Cochran, box 127.

AOSA National Convention Information is available from the AOSA bulliten board or Cathy Cochran, our AOSA trustee. Sign up now if interested in bus transportation-There will be a bus only if enough students are going. The Congress is January 11-13, in Columbus Ohio.

OEPHi Roast Rejects! The AOSA Bong! Show needs you! There will be a BONG show at the convention and ICO can have two entries. Contact Cathy Cochran.

AOSA cont'd:

Any student who has something to be voiced by your trustee at the National Congress, drop a note to Cathy.

* * *

An open letter to ICO:

It would seem to me, as I have suspected for many years, that in the course of any decision, there are at least two choices by definition. It also seems apparent that those two choices fall into two catagories, the reasonable and effective choice and the second, a myriad of token gestures which of necessity are exclusive of the proper choice. My problem is this- I am unable to understand how a professional school with such a complex network of learned and experienced administrators are able to elude the most aggressive laws of chance and always choose the token gesture decision?

How an institution which is, or will soon be under the scrutiny of an accreditation committee is able to produce a library which looks like a supermarket and sounds like a factory; a security force who all eat together and leave before there is a need for security; a maintenance crew that can rewire a light switch (for the students to take notes while they see slides) in such a fashion that only the lights directly over the screen function; a paid employee who can consider even for a moment paying \$1,000 per room to move a rheostat 40 feet; a library staff that can relate a turnstile to a security function; an off-campus studnet body that that can clearly demonstrate a reduction in living expenses and increase in living quality after leaving ICO's residence hall; a noteteking service that will sell copies of old tests from courses that will never again be taken; a student body that will buy then, a bookstore that will not provide required texts to all students; a teaching staff whose ego concepts under normal circumstances warrent psychiatric counseling or military service; a student body that can be intimidated by this; or a decision to turn down an alliance with Northwestern University... ad infinitum.

There is a theory that says if a million monkeys pounded a million typewriters for a million years, you would get a copy of the encyclopedia-or even more probable-one of the classics. One might amend such a theory and suggest that if one monkey would pound on one typewriter for one minute, you would get a department policy. Now if one were to collect all these policies one would certainly then have a classic.

Consider: If no one is trying, then there is hope that they will. If they are trying, and this is the result, then there is no hope.

The Critical Issue of National Boards; or is it?

The issue is whether or not to have the spring break before or after the National Board examinations. The idea of this presentation is to provide a critical analysis of the facts that confront us in our present situation where the vacation has been left undisturbed to follow the boards.

A poll was taken on this issue and students of all four years were allowed to vote. About 400 ballots were counted, (a little less than two thirds of the student population) who seem to be concerned with the issue. There was a narrow margin and based on this the Spring vacation will be after the National Boards as it stands now.

Such a decision on a major issue makes one wonder if this whole issue is not being handled rather carelessly and unfairly by the students in terms of its consequences to themselves. The achievements of many students on the board exams is a decisive factor in determining whether they will be licensed to practice as an Optometrist or not. To All of us this is the main aim of going through the grind of ICO starting from its rigorous admission procedures to completing clinic requirements in the fourth year. The one common interest of the student population at ICO is indeed a career as an Optometrist.

It is well known to the ICO community that the past records of ICO students on the National Boards is not one to be proud of. There is a significant number of our students who are failing the boards. We rank low among the other Optometry schools. Of those of us preparing to take the exams this April are a good number of students who are going to retake a set of examinations that they did not get through in the previous year. We have students in our fourth year class who will be taking all three sets of tests. Our graduation class of 1978 had students who have still not cleared the boards and are unable to practice.

All of those who have taken the exam in the past years know very well that these tests are no small matter as can be well appreciated by those of us who are going to take them this year for the first time. It is apparent that boards are, and indeed should be, a matter of great concern to students and perhaps to the administrative and teaching staff, who are concerned with the reputation of the oldest institution of Optometry.

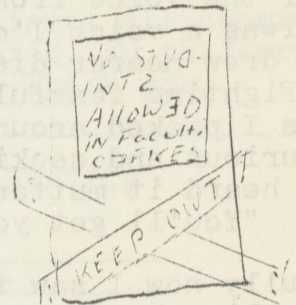
The situation being such, it would seem most logical that we would seek all possible help to get through boards and our administrators and student counsellors would provide any and every opportunity to the student community. One of the biggest study aids that anyone can ask for is TIME; time when we should not concern ourselves with the regular school work, labs for the week,

lectures that must be followed by immediate assigned reading, besides seeing patients assigned for the week. This is time when we should be allowed to concentrate on boards without any interruption whatsoever from school-work. It seems evident that a week of vacation before the National Boards would be a definite help, and unquestionably increase one's chances of passing.

The situation being such, it is rather astounding that such a critical issue has been rather lightheartedly taken, and a motion passed based on a narrow margin of votes. This situation needs reconsideration by our faculty, our administrators, and by our student body, and change effected for the benefit of our students.

* * * *

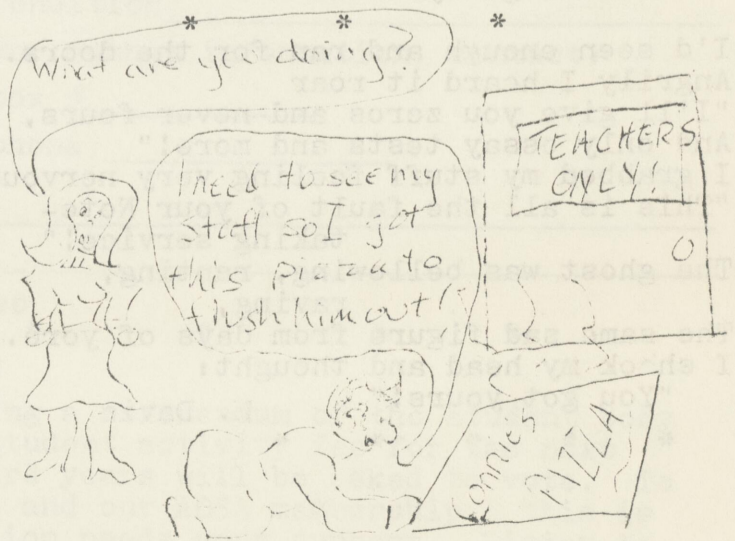
How do you get permission to go inside if you can't go



inside to get permission??!!

* * *

In addition to the speakers scheduled by the various groups at ICO efforts are being made to provide specially qualified speakers on subjects of interest from among the ICO faculty and staff. If there are specific subjects you find of interest make your comments to Jerry Starchvick or Don Guido (2nd yr). Your suggestions will be passed on to student organizations for their consideration.



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Twas Thursday night as clinic closed
 (In the Library Peter dozed)
 Late, and weary, finally leaving
 Shlepping towards the main glass doors.
 As I heaved, my clinic case dragging,
 Listlessly, my eyes were lagging
 Lingered on a strange dull light
 Behind administrative doors;
 And then I heard it:
 "You'll get yours!"

"What was that?" I thought and shuttered later.
 "Must have been the wind," I muttered
 Til I saw the sulking shadow
 Known to me from days of yore.
 I tried the door and found it open
 (Security is just a token)
 And silently crept through darkened
 desks
 Towards the light I'd seen before
 And then the ghost said:
 "You'll get yours!"

Panic struck, my heart was puonding!
 Familiar to me was the sounding
 Of the voice from this strange spectre,
 'Twas a voice I'd heard before.
 I drew nearer disbelieving,
 (Fighting fearful thoughts of leaving)
 As I peeked around the corner
 Curious and seeking more,
 I heard it mutter:
 "You'll get yours!"

Fully now I saw the spirit
 Feeling braver I drew near it
 A white-haired figure, tall & bent
 A suit of all maroon it wore.
 Slowly now I saw it turning
 As my blood was rushing, churning.
 Now it surely was approaching
 Looking straight at me it swore
 (As I stood frozen)
 "You'll get yours!"

I stood transfixed, I was aghast.
 "Where are you from?" I finally asked.
 "I am the ghost of administrators
 past,
 Here to haunt you, as before!
 I come from a world of night myopia,
 In a place called Amblyopia.
 Notice my intermittent exotropia,"
 As it shuffled across the floor.
 Again the thing moaned,
 "You'll get yours!"

I'd seen enough and ran for the doors.
 Angrily I heard it roar
 "I'll give you zeros and never fours,
 And only essay tests and more!"
 I grabbed my stuff feeling very nervous
 "This is all the fault of your Note-
 taking service!"
 The ghost was bellowing, ranting,
 raving,
 The same sad figure from days of yore.
 I shook my head and thought:

"You got yours!" M. Davis

* * * * *

Many of you may not understand the purpose of the student auxiliary. We are not merely a social organization but an educational one as well that promotes and fosters an understanding in Optometry. Basically, the auxiliary not only acquaints the spouse with the Optometric profession, but also prepares them to educate the segment of the general public they will come into contact with both now and

I think you can compare Optometry with a television or radio station. The public will recieve only what we put out. Therefore, our responsibility is really great. Everyone must transmit to the public what Optometry is all about. If we do not transmit, the public does not recieve.

As one of the many transmitters, I know that the auxiliary has a thirst for knowledge about things involved in the optometric profession. To those of us who live, breathe and eat Optometry in our daily lives, we can't help but be involved.

The ICO student auxiliary is one of the most active in the nation. It's membership is open to all spouses of ICO students. Last year, we recieved a second place award among all student auxiliaries in the country. We are open for new ideas and projects which promote Optometry. Last year, we participated in the Peel project, sponsored vision screening projects, and painted a mural in the clinic waiting room. Also, the auxiliary purchased a Propper diagnostic kit for the Electrodiagnostic Clinic and donated a coffeepot to the lighthouse for the Blind.

At this time I would like to thank the students and staff of ICO for all their support. The first half of the school year has been a most productive one and credit goes to the many hard-working, dependable members and students who put Optometry high on their personal priority lists.

Dawn Detring

* * *

An interesting variety of material comes to ICO, addressed to the school newspaper, offering awards in marketing, courses in investigative reporting, politics, etc. Due to the limited appeal of such items they are included in neither the Focus nor the Dean's office memos. All students should check Mr. Seigals office regularly for notices of special interest, photo contests, and other information about avocations. There is much to become involved in in the general Chicago community.

Special Areas of Vision Featured at
AOSA Conference

The AOSA Regional Conference, Nov. 3 & 4 at ICO featured lectures on their specialty areas by three optometrists.

Dr. Morton Davis (Maryland), former COVD and MOA president, revised a lecture he gave last summer to the AOA on "Vision and Learning" to the student level. He emphasized the Skeffington OEP model and a whole-person approach to vision care, noting, "There are many cases where vision leads motor function."

He also explained that Optometrists must understand this because the government will soon be expecting the "functional," behavioral, and developmental type of Optometric service to the public.

Dr. Marilyn Heinke (Wisconsin), an active in COVD and many other organizations spoke of alpha waves and VER and their relevance to a private, Optometric practice. They can be a key to visual efficiency, where our own "fortune is in making people visually efficient," she said.

Patients who cannot suppress alpha waves are often tactile-oriented, and have difficulty being visually attentive. Patients with very low or minus waves are very visually oriented, eyes open or closed. Heinke listed the prices patients pay for visual inefficiency: time (as in reading), comfort (asthenopia or dizziness), and hyperactivity.

Dr. Dominick Maino (ICO), a very active former AOSA trustee and chairman, described the Optometric examination of the infant as a modified neurological approach. Penlight, toys, optokinetic drum and placido's disc he included as necessary equipment. He detailed such useful hints as using the Mohindra retinoscopy technique, where one eye is occluded and the infant therefore fixates the light. With a 50 cm working distance, 1.25 D are added to the finding.

Students from Ohio State and Ferris State also attended the conference. They and the ICO students enjoyed a mixer at Brady Hall and a lunch on Saturday. In between lectures and after the conference, the out-of-town-ers became acquainted with such places as Rush Street, Bridgeport bars, Water Tower Place and the museums.

I wish to thank CSIOA and COVD who helped with money and manpower to make the conference possible. Special thanks to all the students, and Mr. Siegel for their support, and to the speakers who donated their time.

Cathy Cochran, AOSA trustee

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IMPORTANT

On January 8, (Monday) we will be having a referendum of the student body concerning whether or not to raise the student activity fee for the next academic year. The first, second and third years will be asked to vote. To maintain the programs we have sponsored, and our AOSA membership, this is a necessary move. The Students Association needs your support. Listen to your class reps, and take the time to cast a ballot.

Apartment Search Service

As the Apartment Search Service was well supported by the students last year, it is hoped that we can expand and further organize it this year as a permanent student service. In response to student request we are beginning the program earlier this year.

Like last year, we are requesting from any student or faculty member who has information on apartments or other suitable housing to fill out and return the attached form with the necessary information. Useful information includes that of currently available housing or that which would become available for the next academic year. The completed forms may be deposited in one of three drop boxes located in the school store, on the hallway bulletin board across from the student mailboxes, or on the Apartment Search Service board in the student lounge.

Additional forms will be distributed to student mailboxes in the future. Mail-in forms will be offered to local apartment owners. Your comments, suggestions, and volunteered time will be appreciated. Please direct all communication to the drop boxes, or to Jerry Starchvick, box #457. Thank you.

APARTMENT SEARCH SERVICE

address: _____

rent: _____/month furnished? _____
deposit _____ pets? _____

#bedrooms _____
#rooms _____
utilities, approx. _____/month

commuting time to ICO _____

available date _____

parking into _____

public transportation _____

General comments: _____

Condition _____

For further information, contact:

box # _____

phone _____

Surprize Quiz Question #1

What is the origin of the faculty office closed door policy?

- a) It was an agreement by vote of all faculty members, yet no one remembers such a vote taking place.
- b) It is the evil-doing of an egocentric, incompetent, overly aggressive maniac who manages to manipulate the more passive staff members.
- c) The closed door policy only applies during exam periods even though it is in effect during non-exam time.
- d) There is no closed-door policy-the faculty secretary is suffering from a "thyroid storm" and only imagines there is one while hilariously pretending she has some authority over students.
- e) It is part of a secret campaign by the administration to regain total control over all student activities.
- f) It is a symptom of a growing philosophy, "we can't get paid for being alone at home but we can get paid for being alone at ICO.
- g) It is a part of a University of Chicago psychology experiment to determine if students will begin to laugh out of context if exposed to ever increasing levels of unprofessionalism.
- h) It is a method of preventing students from inadvertently walking in on a faculty member going through course evaluations.
- i) all of the above.
- j) none of the above.

(Editors note: the policy has been changed to allow limited access to the faculty offices. The author requested that the article still be printed to illustrate how foolish it all was to begin with, and the attitudes it invoked.)

* * * *

BRIDGE:

Assume that you have opened the bidding with 1 club and your partner has responded 1 heart. What is your rebid with each of the following hands? Why?

- 1) S: XXXX
H: KXX
D: AX
C: AQXX
- 2) S: KXXX
H: XXXX
D: AX
C: AQX
- 3) S: J 10 XX
H: QX
D: X
C: AJ 10 XX

- 4) S: QJX
H: AXX
D: XX
C: KQ 10 XX
- 5) S: AX
H: AQ 10 X
D: A
C: KJ 10 XXX
- 6) S: AKJ
H: X
D: QJXX
C: AQ 10 XX

(See next page for answers.)

* * * *

Letter to the Students:

Attached to the Focus you will find a sheet labeled "Exposure Program." It is hoped that this form will be taken by students to practicing OD's and the information collected. The purpose is threefold; first, to serve as a means of stimulating student exposure to the more enthusiastic practicing OD providing a greater awareness of the potential of Optometry in a practice setting; Second, to develop a file of practitioners with special interests that students would be able to observe and possibly work for. Lastly, to collect copies of examination forms that students may use to develop their own personal form.

Many practitioners welcome the chance to show their offices and innovations to someone who can appreciate them more than their patients. Although there may be a certain uneasiness for some people to walk into an unfamiliar office, this form may provide an introduction and motivation for being there. Once the practitioner shows an eagerness to help and respect for the student, visiting can become a frequent, enjoyable learning experience.

The Christmas break is a good time to meet the OD's in your area. Hopefully more copies of the form will be available before the break begins, but if this is not possible (print room delays being what they are) make a few photostats before you leave. Organization and availability of the collected information will be explained as soon as student response to this effort is determined.

I would like to thank the Focus staff for their help in distribution of this form on such short notice.

Please direct comments to:
(And completed forms)

Jerry Starchvick, box #457
Director of Education
ICO Students Association

(Short notice?? Was that an inside joke?)

1) One Spade. Don't conceal your 4-card major, weak though it is, when you can show it at the one level. Partner may well have 4 spades (his bid can't deny such a holding) but if you bypass this bid, you do. Don't bid 1 NT when you have an equally cheap bid in spades available (among other things it may lead to a NT contract played by the wrong hand with a spade lead through the stopper instead of to it). Don't raise hearts with inferior support and another, superior bid. (I have seen numerous hands like this with the responder holding 4 good hearts and 4 good spades, where 2 spades made and 2 hearts went down).

2) Two hearts. You have a minimum hand with 4 card support for your partner. You aren't going anywhere unless your partner shows strength, and the best way to encourage him is to support his suit. Bidding one spade is not wrong, it is merely pointless. If your partner Rebids 2 spades, you can promote your hand and raise him.

3) One spade, the reasoning is the same as hand 1. If partner bids 1 NT you can rebid your clubs. If partner bids 2 diamonds, you should bid 2 hearts now (give preference- partner probably has 5 hearts and 4 diamonds).

4) Two Clubs. The only possible rebid, except 1NT which is inferior because of the diamond weakness. The club rebid confirms a good suit and gives a better foundation for further bidding.

5) Four hearts. Game is cold facing JXXX of hearts, and slam depends on quality of partner's hearts and clubs. THIS BID IS NOT A CLOSE OUT; it should encourage him to make a slam try with anything more than a minimum.

6) Two Diamonds. This bid is called a "reverse", because you bid your suits in the reverse of normal order. It is extremely descriptive, showing

- a) a good hand, 16-20 points
- b) a second biddable suit
- c) a rebiddable holding in your first suit.

Thus partner, whose hand is still virtually undefined (all you know is that he has any 4 hearts and at least 6 points), is in the best possible position to continue, and gives the two of you the best chance to find the best contract (which may be anywhere from 3 clubs to 7 NT).

Don't make the mistake of bidding 2 NT. You have the right point count, but the singleton heart should warn you away. Partner will expect you to have at least 2 small hearts, and will act accordingly.

If you answered any of these correctly, and understood the method, please see Mr. Weil about joining the 200 bridge team!

I would like to thank you on behalf of the students at ICO for your time and interest in student development. Your professional experience and concern is an invaluable asset to optometric education. It is our hope that through this program to utilize that knowledge at an effective and personal level. This form will be made available to students with the expectation that they will contact ODs who share their particular interests. They will be advised to call for arrangements at least one week in advance. In addition, we are requesting a copy of your examination form and fee form to be compiled with others to aid the students in the development of their own forms.

Thank you again!

* * * *

Well, I can't believe that this issue of the Focus is finally going to be printed. It's not as big as the issues last year, but we haven't had as much to be belligerent about either. Many suggestions have been made to me about having case report discussions, etc. in the Focus, but few people have actually done anything about it. This is YOUR paper, and it is a vehicle for your reactions, thoughts, creativity, questions; basically anything that you want to make it. If you are interested in helping in any way: writing, typing, taking surveys, stapling, anything, please let your class reps know.

From your student council, everyone please have a happy and safe holiday, and we wish you the best of everything in the coming year.

Marsha Davis

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Name: _____ O.D. _____ Date: _____

Address _____

Phone: _____

Practice Information:

Emphasizes

Practice information:	Emphasizes	Includes in practice
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General practice

Contact lenses

Vision therapy

Pediatrics

Pediatrics

Low vision:

Low vision:

Geriatrics

Geriatrics

Other

Other _____

Ortho "K" _____

Ortho "K"

Willing to have students:

Willing to have students:

Willing to have students:

Observe

First year students

Second year

Third year

Third year

Fourth year

Fourth year

Number of OD's in practice: _____

Assistants/technicians: _____

Assistants/technicians: _____

Potential guest speaker at IC0? _____

Comments by OD: _____

Page 1

14-00000

Students comments: _____

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Focus

A Newsletter, by the Students, of Illinois College of Optometry

SECOND ISSUE

MARCH, 1979

IN THIS ISSUE:

Women in Optometry--An Interview
by Liz Cook

North Central Convention Report
by Dave Kupke

Are We Really Looking For a Dean?
by Denise Thanepohn

Staff Have Problems Too--A Letter
from Pat Moore

A Solution for Lack of Clinic
Patients? by Larry Carr

Dealing With Tension
by Randy Prestash

New Restaurant Section!

ICO'S OWN SATURDAY NIGHT FEVER

Put on your "Boogie Shoes" and come to ICO's annual winter dance, to be held on Saturday, March 10, 7:30--12:30, in the IIT Ballroom. Tickets will be on sale all this week in the Student Lounge. The cost is \$1.00.

The dance is the second of 3 major events provided for the students at ICO. The cost for the dance is approximately \$2,000 and most of the funding comes from each student's activity fee. All the arrangements for each of the events are made by the extracurricular activity chairman of the Student Association.

Entertainment this year will be provided by SYNOD. Refreshments will include the famous ICO Open Bar from 8-12 P.M. and plenty of snacks. The dance is the single biggest event at ICO. Last year over 500 students and faculty attended.

So, mark down March 10 and don't miss this year's big event. If you have any questions, drop a note in Box 327, Gary Gunderson, or Box 327, Mario Palermo.

Another date to remember is May 20, 1979 which is Spring Picnic Day. It will be held at Sundown Meadow Forest Preserve. More information will be forthcoming.

DID YOU KNOW THAT as of 1980, Sources will appear on the NBEO outlines? Another benefit of AOSA representation at the NBEO meetings.

SAVE YOUR VISION WEEK, MARCH 4-10

"Say yes to your eyes" is the theme for the 1979 observance of Save Your Vision Week. The event slated for this week is proclaimed annually by the President of the United States to remind Americans of the role good vision plays in their lives, and the importance of preserving their sight with proper preventive health care.

Student Association Public Health directors, Mario Palermo and Aaron Janis are working very hard on publicity. Don't be surprised if you see Optometry prominently displayed on Magikist signs, radio and TV stations.

AOSA ANNOUNCEMENTS

Dr. Burt Holmes, President of the AOA was brought to ICO by AOSA. We hope to have more speakers in the near future.

Second year students should have received your copies of the AOSA anatomical terms and definitions in your mailboxes during the first part of March. If you didn't get one, don't despair. There are 2 copies on reserve in the Library. Good luck on National Boards!

Elections for the 1979-1980 AOSA Trustees may take place early this quarter, to allow the trustee-elect time to work with yours truly (current trustee) to facilitate the continuity and efficiency of the position. Anyone with questions about the position may contact Cathy Cochran, Box 127.

Thanks to all who supported the referendum to raise the activity fee. While it was failed, the narrow margin indicates fairly strong support of the AOSA and appreciation for the benefits membership brings you. In the near future there may be yet another referendum, proposing a smaller fee increase. I hope most of you will be able to say yes to a more reasonable increase in activity fee, so that the picnics, dances, AOSA membership, etc. can continue without cut-backs.

Cathy Cochran, AOSA Trustee

NO CLINIC PATIENTS? YOU'RE NOT ALONE!

The Blizzar of 1979 seems also to have had a drastic effect on the patient population in the clinic. The months of December and January have traditionally been slow

(Continued Page 2)

No Clinic Patients, Con't.

months in the Clinic and this year has been the worst. Last week a student Committee comprised of Pat Michiel, 1st year; Sandy Stein, 2nd year; Ted Felton, 3rd year; and myself met to discuss some possible solutions to this decline. Some of the ideas that this committee came up with are:

1. Use radio and TV to let people know about the clinic.
2. Contact the Dean of Students at neighboring schools (U of I, U of C, etc.) and let them know of our services.
3. Greater use of screening projects such as with Lions Clubs etc, not only to let people become aware of our clinic but also to get 1st and 2nd year students involved in patient care.
4. Make the mandatory eye exam that 1st year students are to receive, be given in December and January when the clinic is the slowest.
5. Utilize the Public Relations that Student Association has organized through Dick Newth's Committee and continue to educate the public as eye care and our eye care facility.

These suggestions were presented to Mr. Hough who has just been appointed as the new Public Relations Director. This is a new office and hopefully Mr. Hough and further Public Relations will eliminate this traditional clinic slowdown.

Larry Carr, Student
Representative to the
Clinic Affairs and
Planning Committee

DID YOU MISS OUT?

by Dave Kupke

The 1979 North Central States Optometric Conference was the site of some outstanding continuing education courses and other noteworthy events. The courses themselves featured lecturers of national renown, including ICO's President Rosenbloom and Dr. Paul F. Shulman. The other prominent lecturers were Drs. Irwin Borish, Donald J. Getz, John R. Pierce, Sheldon Wechsler, Gerald E. Lowther and Lawrence A. May. These speakers have published extensively and indeed, the full list of speakers resembles the authors index accompanying most optometric journals.

The topics discussed ran the gamut from contact lenses, pathology, and children's vision to low vision and practice management. The delightful clinical relevance of the courses is worthy of mention, and is

(Continued on Page 3)

ON THE LIGHTER SIDE

I Shall Not Pass

And it came to pass
Early in the morning toward the last day
of the quarter
There arose a great multitude smiting the
notes and wailing.
And there was much weeping and gnashing
of teeth,
For the day of judgement was at hand,
And they were sore afraid, for they had
left undone
Those things which they ought to have done
And there was no help for it.

And there were many abiding in the apart-
ment
Who had kept watch over their notes by
night,
But it availed them naught.
But some there were who rose peacefully,
For they had prepared themselves the way
And made straight the paths of knowledge.
And these were known
As wise burners of the midnight oil.
And to others they were known as "Gunnners"

And the multitude arose
And ate a hearty breakfast
And they came unto the appointed place:
And their hearts were heavy within them.

And they had come to pass
But some to pass out.
And some of them
Repented of their riotous living and be-
moaned their fate,
But they had not a prayer.

And at the last hour there came among them
One known as the instructor; and they
feared him exceedingly.
He was of the diabolical smile,
And passed papers among them and went his
way.

And many and varied
Were the answers that were given,
For some of his teachings had fallen among
fertile minds.
Others had fallen among the gallows,
While others had fallen flat.
And some there were who wrote for one hour,
Others for two;
But some turned away sorrowful, and many
of these
Offered a little bull
In hopes of pacifying the instructor.
And these were the ones that had not a
prayer.

And when they finished,
They gathered up their belongings
And went their way quietly, each in his
own direction,
And each vowing unto himself in this
manner:
"I SHALL NOT PASS THIS WAY AGAIN."

North Central Convention, Con't.

understandable in the recognition of North Central as education for the practitioner of optometry rather than the collegian.

ICO students participated as monitors this year, as in years past, and contributed to the operating efficiency so evident at North Central. A reunion luncheon for ICO students and alumni took place on Saturday, which allowed us to renew acquaintances and form new ones with optometrists from our home states. The students surrounding most tables were quick to recognize an ICO inundated with snow from the Blizzard of '79, during a slide presentation. The opening luncheon on Friday featured Dr. G. Burt Holmes, President of the AOA, and Richard W. Averill, Executive Director of the AOA. Representing the AOA in their respective offices, they spoke on policies that were of interest to those at North Central.

Ophthalmic exhibits abounded in the Radison Hotel. In the Radison Ballroom, designer frames complemented sophisticated electronic refractors in nearby booths, typifying current optometric practice in responding to today's technology and fashion trends. The companies participating in the exhibition generated interest in their merchandise not only among optometrists, but students as well. Comparing similar instruments from different companies was a learning experience, and did compel this writer to realize why PCO students placed a \$25,000 order for among other things, Keeler Ophthalmoscopes.

Las Vegas Night at North Central was a night to remember. Hundreds gambled with gaming chips at horse racing, blackjack, baccarat, and craps. Fortunes in fake dollars were acquired and squandered in this one evening, and then used to bid for gifts at an auction. For those involved, the enjoyment was definitely in the process."

Given the high quality of lectures and the experiences in sum total of those students who attended, North Central was quite a success, and certainly a conference to look forward to next year.

Editors Note: Next year there will most likely be 3 busses going to the convention, allowing more people to participate.

ARE WE REALLY LOOKING FOR A DEAN? by Denise Thanepohn

Yes! We're looking very hard for a good Dean (memories of last year DO linger on in the minds of us all.)

The new Dean will be selected by the Dean Search Committee which is made up of the following people:

(Continued next column)

Dean Search Committee, Con't.

Alumni Association Representative:
Dr. Wendall Waldie, Chairman

Three Representatives of the ICO Board of Trustees:

Dr. Boyd Banwell
Dr. Joseph Henry
Dr. F.R. Kushner

Three Elected Members of the ICO Faculty:
Dr. Peter Nelson
Dr. Darrell Schlange
Dr. E.R. Tennant

Student Representative:
Denise Thanepohn
(Each member has a single vote.)

Early in the selection process, the Committee decided that doctoral qualifications were essential or highly preferable, be it at the O.D. or Ph.D. level. Each of the 3 candidates that we are still considering have met this requirement, and, by the end of March will have visited ICO for an initial screening interview with the committee.

Before a decision is reached, the serious candidates will be required to come to ICO for a 2 day intensive interview conducted by the whole Committee. In addition to the interview, each candidate will be asked to appear before a group of students and a group of faculty to answer any and all questions they might have.

After appropriate deliberation, the Committee will present its candidate/s in order of preference to the full Board of Trustees at their Spring meeting for final approval. The announcement of an appointment should soon follow.

Now, a little information about the candidates:

1. Dr. Patrick F. Delaney, Jr. received a Ph.D. from Brown University, R.I. in 1964. Presently, he is Dean of the Lindenwood Colleges, Saint Charles, Missouri, and has held this position since 1971.

2. Dr. George T. Prigmore received a Ph.D. in Education and is presently Vice President for Academic Affairs, Morningside College, Sioux City, Iowa. He has some familiarity with optometry.

3. Dr. Jerald W. Strickland has an O.D. and a Ph.D., and is presently Dean of Academic Affairs at Pennsylvania College of Optometry.

Since I am the student representative on the Committee, I am interested in any comments or questions you might have concerning the Committee or Candidates. Just put a note in Box 520.

WOMEN IN OPTOMETRY--AN INTERVIEW

by Liz Cook

"None of the women I went to school with are presently in practice on their own; not even a partnership of any significance." Dr. Irma Hess North, a 1940's graduate of the Northern College of Optometry discussed her years of experience as a woman in optometry. Being very aware of the pressure involved in running a successful practice, we asked her about the difficulties she has confronted.

Her active contact lens practice in the Loop is the result of many years of good management, optometric skill, and as she puts it, "a great drive to make it work". An expert in soft lenses, she has been a researcher for Wesley Jesson, Alcon Optics, Bausch & Lomb, and Sauflon. Her current projects include Durasoft toric lenses, and silicone lenses. Her practice experience includes work with both optometrists and ophthalmologists.

She feels that most women find it difficult to raise a family and also run a practice. "It's the same conflict for any working woman." The time and energy needed to do both may discourage women from practicing. She maintains, however, that "it is the quality of time spent with your children and husband that is important." "A husband who understands your drive and appreciates the pressures is also essential." She sees this family pressure as perhaps a primary reason more women are not practicing to their potential.

When asked about discrimination, she has experienced, she could remember only one minor incident. In general, she said, "Men and women who come to you for service will respect your standing, provided of course, you deliver the best care you can." Concerning discrimination by colleagues, she has found that "those men who are most successful are the least threatened by a woman professional." Her interactions with various professional groups seems to be mixed. She says, "You must learn to overcome your status as a woman; it is never an advantage."

When asked about differences in opening a practice now as compared to the 1940's, she cited only the greater diversity in optometric practice today. It is also interesting to note that she predicts a workable and cooperative relationship between ophthalmology and optometry.

She feels the successful woman optometrist must have "tons of energy" a great ambition to succeed, and a desire to keep up-to-date in the profession. Even more than these, she says, the successful professional must get a great sense of enjoyment and satisfaction in providing vision care.

COMING NEXT ISSUE: A NEW WOMAN GRADUATE'S VIEW.

STAFF HAVE PROBLEMS, TOO!

The following is a letter to Dr. Taylor from Pat Moore, former Dispensing Coordinator.

Dr. Taylor:

You asked for my suggestions on improvements in general. Uppermost on the list is a major evaluation of ICO's salaries compared to those in the 1979 "real" world. In a teaching environment such as the college, it is imperative for students to receive the knowledge and experience of people who have been involved in optometry. In order for an establishment such as the Clinic to operate smoothly, it must be adequately staffed with efficient personnel. You are not going to attract these kind of employees and keep them if you insult them with low wages. Broken promises about raises to come do not improve employee relationships.

Another area in need of improvement is communication between the people who work at ICO and the man who signs our paycheck. I don't mean committees who talk to committees who meet with other committees. Is Dr. Rosenbloom still alive? Does he care? Why are we made to feel we cannot approach him to discuss any indifference? When I received my raise last September I wanted to talk to him concerning it and you told me I would have to communicate through you. When I quit as many others have in the past year, did he ever ask us why? Is he afraid to find out the reasons so many people stay for so short a time? It is only through these past experiences will he be able to improve employee conditions. In case he is not aware, everybody is not moving out of state and must reluctantly quit their job. There is the possibility they were unhappy in some respect but he did not care enough to ask, so he lost them. Unfortunately, Dr. Rosenbloom is not the one hit hardest by this situation. The interns and Patients are the ones who suffer the consequences of always seeing new people in old positions trying to learn 105 Clinic rules that change every two weeks.

When you asked for improvements you mentioned if it meant me writing "Fire Dr. Taylor" to do so. Fire You? I could not say. How are you in Low Vision? I hope a helluva lot better than you are as Director of Patient Care. Where were you when we needed you in Dispensing? During my entire time here, the majority of my support and problem-solving was handled by Dr. Scanlan and Dr. Yasko. The fact that I had these two men to depend on is probably the only reason I stayed as long as I did.

(Continued on page 5)

Staff Problems, con't.

There are many more suggestions I could get into but I really doubt it would do any good. The people that should hear them are not the ones that asked and they probably wouldn't listen.

I am making copies of this letter available to the students because I feel it is their right to know the liberties that are taken with their education. I do hope Dr. Rosenbloom does something to improve his relationship with his employees. Until he takes this step, the high level of education he thinks he has will not be obtained.

Sincerely, Pat Moore
Past Dispensing Coordinator

THE FIRST MEMBER OF ICO'S HOLE-IN-THE-WALL GANG

by Scott Kenitz

It was with great hesitation the decision to write this article was made. Whether the bookstore has a slot for student mail or the box on top of the equipment display for the same purpose remains there is a trivial matter to everyone. Everyone, that is, except me. Keep reading and you'll find out why.

Last October at a student association meeting there was a brief discussion about the ICO bookstore. Some students felt it should have a little more to offer. A few people thought we should be able to go back and look at all the items it contains. Others echoed the perennial feeling that equipment for students could be handled more efficiently and hopefully at less expense. A few first year students questioned why the bookstore couldn't get large quantity purchases at competitive prices. So a bookstore committee was formed and I was appointed chairman.

Volunteers to help me see what students could do to help improve the ICO bookstore included Roger Trudell, Judy Bobus, Karen detwiler, Jeff Johnson, and Dick Newth. We met and came up with a few ideas. Perhaps the bookstore could be arranged so students could walk through and look at items, like several college bookstores. . . . Maybe we could attempt to see how the bookstore could get more equipment at lower prices. . . . A bookstore catalogue would be nice so students would know exactly what the bookstore handles, what those items do, and how much those items cost. . . . Change the display case to let students better view equipment for sale, or at least unclutter the present one and put in a student mail slot.

Well it's almost March and here is what became of the committee's ideas and (Continued next column)

Bookstore, Con't.

actions: Rearranging the bookstore for better access to materials is unlikely because the bookstore doubles as a "pseudo post office" and the procedure is too complicated. . . . For the bookstore to stay out of the red, 8% must be tacked on almost all equipment items, so it is very difficult for the bookstore to be competitive on many large scale items. . . . A bookstore catalogue containing all the items in the bookstore, their description, and their price will be on the display case by the time this is printed. . . . No mail slot has been installed for student mail, and consequently the top of the display case is still cluttered. The mail slot was supposed to be in the bookstore even before the committee suggested it to Dr. Wodis. Dr. Wodis, by the way, runs the bookstore.

Why isn't the mail slot there? Obviously, someone is not doing their job. Dr. Wodis was very receptive and realistic in his handling of the bookstore committee proposals and he is doing his job. In fact, he has sent several memos to Mr. Cuplin asking that the school maintenance staff get the slot installed. I have asked Mr. Cuplin at the last two administration/student input meetings, "Why hasn't the slot been installed?" Not much of a comment was given, other than that it will get done.

To me the lack of comment and lack of action upon such a minor thing is, in itself, a comment on the state of the art of many such matters at ICO. The adage, "If you want something done you have to do it yourself" has lingered in my mind in many instances. So, if you walk by the bookstore and hear someone pounding a hole in the wall, it's probably me.

ODDS AND ENDS

Harry C. Rotenbury in Management World made the following observations on lecturing.

"You are using living history time. An audience of 150 for a 50 minute speech equals 7,500 man minutes, 125 man hours, or 5.2 days of living history when measured by the clock. You have been presented that much time in the history of each of their lives.

To waste it is absolutely criminal. Be grateful for their confidence and return that gratitude by doing the absolutely best job possible. This means your obligation is to them and to inwardly recognize the significance of the gift they have given to you--their time."

It would be nice if the ICO faculty adopted this philosophy.

Name Withheld

HOW DO YOU DEAL WITH TENSION?

by Randy Prestash

In recent months I have found that many students, myself included are spending a considerable amount of time discussing the National Board Situation. It seems to be a rather engrossing subject since it involves all four years of students here at ICO. The first year must sift through the rumors, legends, and ghost stories of Past Board Examinations and the remainder of the student body must deal with these intangible dilemmas. My own experiences and those of others I have talked to all express some form of tension that at times can become quite unnerving. I've asked myself, "What is the best way to deal with this tension?" Fortunately enough, I was able to stumble over an article in Success Magazine dealing with that exact topic. I found it very helpful in my own situation and perhaps some of it may apply to you.

The article notes an observation: that mental tension is common to people involved in the fast paced competitive education and research areas of today, and this most certainly includes professional school students. It appears that individuals vary tremendously in their response to and utilization of tension. These variations spell the difference between failure and success.

Successful people capitalize on their tensions in two major ways. First, they use tension to give them power to do. Second, tension fires them with creative spark. To understand how this works, let's look at each of these factors more closely.

When a runner lines up at the starting block before a big race, he is full of apprehension, anxiety and tension. He is "psyched up." But he knows that these feelings are essential for maximum performance. Once the gun goes off, the tension explodes into power--power to run hard.

The most successful researchers I've seen approach their problems in the same way. They enter the laboratory keyed up, with a specific goal in mind. The keyed-up mental state releases power to reach the goal for that day. Although afflicted with problems and difficulties like everyone else, their "express train" mind-set blasts through to success time and time again.

For these people tension gives power to do. It is the fuel that fires the engine. It is poured out in immense effort directed at a specific goal.

Tension also fuels creative spark. A Nobel Prize-winning chemist once stated that for him some tension and anxiety are
(Continued next column)

Tension, Con't.

necessary to achieve creative solutions to scientific problems. He has to feel mentally agitated, uncomfortable and keyed up. These feelings trigger his highest mental powers. And these, in turn, lead him to new ideas.

Thomas Edison was keenly aware of the role of mental tension in invention. Edison once said, "I can invent only under powerful incentives." He was known to set up crisis situations and great challenges with the idea that these would bring out the maximum inventive resources within himself and others. And he repeatedly succeeded with this approach.

For successful people such as these, tension is a powerful force for creativity. Tension motivates them to seek solutions to their problems. They are not afraid of tension. Rather, they welcome it. They know it is tied in with the feeling that what they do is an urgent challenge. This feeling drives them to create and achieve.

The high achievers who make tension an asset are productive and happy. They look at tension positively, as a mental state that keeps them alert and vigorous. And they constantly direct it into forceful and creative action which, in turn, brings fulfillment.

For others, mental tension is quite another matter. The energy associated with mental tension is not released outward; instead it is released inward, and here it is self-destructive. Unhappiness and failure typically result.

These people have one common denominator: They procrastinate. They are indecisive about what to do next and think of countless reasons why suggestions that are made won't work. As a result, nothing is done. Because of inaction, feelings of tension and anxiety have no place to go but inward, where they produce uptightness and unhappiness.

Typically, these people procrastinate after a disappointment--if a few things they've tried don't work out, there's a tendency to postpone further attempts. Countless excuses are found. One trick is to find diversionary activities to fill up time and to avoid facing the problem at hand. But, of course, this is a dead-end street, as some of them come to realize.

If there is a secret to making tension an asset, it is simply this: First, shift you thinking from problems to challenges; Second, get into action. In a nutshell,
(continued, page 7)

NEW DIPLOMA, con't.

The committee appeals for the support of the students and administration in regards to this appropriate revision. With this support we can perhaps add a bit more distinction and recognition to the profession of Optometry as observed by the general population as well as our counterparts in the health professions.

OEP SPONSORS EXTERNSHIPS

Optometric students have the opportunity to see functional vision care in action as externs in a new program sponsored by Optometric Extension Program Foundation, Inc. The OEP Foundation Externship Program puts students in personal contact with participating OEP Clinical Associate optometrists, announced Howard Kahn, O.D. of Virginia Beach, Va., the Program coordinator.

"The purpose of the externship program is to offer optometric students another opportunity to observe an informed optometrist practicing behavioral optometry," said Dr. Kahn. He emphasized that the externs receive full exposure to clinical, financial, management, and community relations activities of their host optometrist.

All second through fourth year optometry students are invited to participate in the short, 2-day to 2-week, externship.

Students will observe routine full spectrum clinical practice, such as data collection, analysis of data, prescription decisions, design of lens application, and visual training training programs. Host optometrists are encouraged to share full financial details of optometric practice, such as fee schedules, chair costs, collection details, salaries, and other details important to economic success of the student's own future practice.

"Of special note is the Program's emphasis on personal discussion and community relations," said Dr. Kahn. Students will receive after-hours time for informal discussion with the optometrist. They will be invited to attend community meetings, Study Group sessions, and other special functions to develop professional contacts and community relations skills. Dr. Kahn said, "There is a special camaraderie among functional optometrists, and student optometrists should definitely be introduced to this atmosphere."

(Continued next column)

OEP Externships, Con't.

OEP Foundation also provides kits of publications to participating students to introduce the functional optometric approach and OEP Foundation continuing education.

Student and faculty liaisons have been named at most optometric colleges and universities in the United States, to assist Dr. Kahn in Matching interested students with participating OEP Foundation Clinical Associates.

ICO faculty liaison is Darrell G. Schlange, O.D. Student liaison is Richard C. Newth.

To apply or for more information, write to OEP Foundation Student Externship Program, 5825 H. Temple City Blvd., Temple City, CA 91780.

***** RESTAURANT REVIEW *****

This will be an ongoing column. If you have a favorite restaurant, please submit a review for the next Focus Issue.

NEW JAPAN ORIENTAL CAFE

Reviewed by John Schaefer

45 W. Division St. 787-4248
Monday thru Thursday open to 10:00,
Friday and Saturday to 11:00,
Closed Sundays.

If you are looking for good Japanese food, at prices students can afford, I've found the perfect place. It's the New Japan Oriental Cafe.

Part of the appeal of New Japan is the general atmosphere. Although small, and not very fancy, the surroundings are pleasant and dining at New Japan is always a relaxing, enjoyable experience. This is, in large part, due to the owner, Hisao Fukui, who is very friendly and always makes you feel welcome in his restaurant. That comfortable, relaxed feeling is also aided by the fact that you can bring along your own wine, for which glasses and a corkscrew will be provided.

The best thing about New Japan, however, is the food and prices. The menu is short enough so that I can list all the items here. There are three appetizers egg rolls, fried chicken wings, and Gyoza which is somewhat similar to Ravioli and is made with spiced pork.

(Continued on Page 9)

Tension, Con't.

this is the whole trick to making tension an asset instead of a liability. And this is the way to get power to do and creative spark.

To shift your thinking from problems to challenges means to get out from under and to get on top.

Many people believe that difficulties are telling them something and that a great lesson can be learned. To learn that lesson, to find out what it's all about and where it will lead--that's the challenge! And to have that attitude--that's what it means to convert problems into challenges.

Getting into action is just as important. Action is the chief means by which tension is channeled to your benefit rather than to your destruction. People who make tension an asset are invariable people of action. They start immediately. And they always amaze you by how rapidly they get the job done.

You can and should drain off some tension through physical exercise. This is just common sense. But the best release for tension--and the secret of real power--comes from aggressively tackling the challenge that raised your state of tension in the first place. In this way, you use that tension as the force behind power to do and creative spark.

The question isn't whether or not you experience mental tension. Everyone does. It's as much a part of life as eating and breathing. The point is to use tension to your advantage, to make it the asset it's meant to be. When that happens, you're on the sure road to success.

DR. VANDERBILT'S OPTOMETRIC ETIQUETTE

TITLES

When, as an optometrist, one signs one's name, one does NOT sign Dr. O.D. One does sign either Dr. or O.D. The same rule applies to addressing of correspondence to a doctor.

When one introduces a doctor, the proper title must be used. For example, "Dr. Smith" is used and NOT "Mr. Smith" "Mrs. Smith," or "Ms. Dr. Smith".

When introducing 2 doctors who happen to be married, one says, "Dr. and Dr. Smith", and NOT "Mr. and Mrs." or Dr. and Mrs.

(Continued next Column)

Etiquette, Con't.

Tact

When speaking with a blind or low vision patient one should NOT use colloquialisms such as "Do you see what I mean?" or "See me again in 4 weeks."

When discussing with a strabismic patient or that patient's parents, the condition, one should NOT refer to the patient as a "trope". One must use a more tactful approach to say the patient has FLE (funny looking eyes).

CLINIC

As a student, one must avoid long explanations to one's patient about planned mode of therapy, until after finding out who the staff doctor is, and after discussing it with him or her.

One does NOT address staff doctors or students by their first names in any clinical situation, especially in front of patients. This applies as well to staff doctors as students.

One does not correct a student intern in front of the patient, as that tends to destroy patient confidence in their doctor.

A NEW DIPLOMA FOR ICO

by Randy Prestash

Due to the suggestions of many students, a committee has been appointed by the Student Association to investigate the possibilities of drafting a new diploma for our college. For the last 25 years ICO has had a diploma which has sufficed, but could hardly be considered an appropriate scroll of distinction representing the investment of time and monetary funds now approaching \$50,000. The committee is made up of two reps from each class and myself, the chairperson. Diploma formats were obtained from an engrosser with variations in size, paper texture, lettering, and wording styles. The committee has determined the feasibility of arranging these variables into a much more distinctive and professional appearing parchment. The final diploma draft will be presented to Dr. Rosenbloom at an input meeting for his approval.

Presently, individuals who receive the Bachelor of Science in Visual Science degree here at ICO are conferred a Diploma exactly the same as the diploma used for graduation. This seems to be a redundant way to do things. For instance, if an individual receives the BSVS from ICO and hopefully graduates, there will be two very similar plaques on the wall. If a new diploma is accepted, it will clearly delineate the difference between a BSVS recipient and a Doctor of Optometry, and rightfully so!

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LETTERS TO THE EDITOR, CON'T.

Class Attendance--Worth Talking About?

Accreditation policies require students to sign an affidavit stating that they have attended at least 80% of scheduled classes. ICO expects students to meet these standards. Ideally class attendance should be near 100%. In fact attendance is significantly lower. Many students do not see a need for lecture attendance outside of meeting the 80% attendance requirement. The obvious reason for this is that the notetaking service (hereafter, NTS) provides the students with the material presented in the lectures. Why then not abolish the NTS to get better attendance?

Probably a decisive segment of the administration recognizes the value of printed notes as a learning device. Having printed (and deciphered if necessary) notes has a high convenience value for the student.

The value of the NTS as a learning device may be questioned via the following rational. If there were no NTS the students would have to take their own notes. The taking of notes then is considered to be a learning experience. Therefore if there were no NTS the students will learn. People who oppose the NTS for this reason may be overlooking the fact that the NTS is a potent learning device. The question then becomes by which method do the students learn best?

To get an answer we would need a controlled study: half of the class would receive notes, half would not. Random samples of test scores from each group could be sampled and compared. If the group not receiving the notes scored significantly higher, then perhaps the NTS should be abolished. Other experimental designs could be proposed and published in FOCUS by interested parties.

This writer feels that any such study would probably not answer our fundamental question because of the students overwhelming bias in favor of the NTS. Those students would find a way for the group receiving the notes to do as well as the other group.

If we cannot answer the question of by which method do the students learn best (NTS vs no NTS), then the NTS can't be abolished on the grounds that the students learn better by taking their own notes.

The NTS does have a deleterious effect on attendance however. So, then why not ban the NTS to increase class attendance? Such a ban would probably force the NTS.

(Continued next column)

Letters, con't.

off campus and create tension between the students and the administration. Better then to keep the NTS.

The faculty can increase attendance by making their lectures so good as to be enjoyable to the students (good way) or by threatening grade reprisals for poor attendance (not so good way). Apparently the best way of increasing attendance is by improving lecture quality. This statement is not meant to imply that lectures are generally poor. Lecturers who get low student evaluations generally need to improve their lectures. Listening to tapes can help identify weak points. Rehearsing the lecture material adds to the smoothness of the presentation. A large volume of questions or simply lots of confused/perplexed facial expressions by students may indicate problems. The administration could consider bonuses for faculty members who exceeded a certain level on the student evaluations, conversely fines could be considered in cases failing to reach a certain level.

Name Withheld

Commercial Optometry: An Open Letter

Everyone hears about the recent graduates working in commercial environments: one is earning about \$70,000 per year (to start) from Searl Drug's Pearl Vision Centers. He had an ethical position that paid about \$18,000 before Pearl caught him. According to the Wall Street Journal Searl aims to expand to 8,000 vision centers nationwide.

Another graduate is working for an optical department in a Wisconsin Shopco store. They plan to open eight more departments in Wisconsin, and are offering \$32,500 for the first year.

Many of you have also heard about "blacklisting" of commercial optometrists by professional organizations, and about the difficulty of obtaining licensure in some other states once an optometrist has worked commercially. Both are only word-of-mouth information; I don't believe you'll see that written into licensure rules, altho some professional organization may ban commercialism in their constitutions.

What you may not hear about commercial optometry, is that you will rarely have a contract, there is often no job security, and no expansion without increasing the number of examinations performed. You may not know that optical stores often pay a straight salary only the first year, and put you on a per prescription (not per exam) pay basis.

(Continued on Page 11)

New Japan, Con't.

After the appetizers you will be ready for one of the four main dishes. The first, Ramen, is soup that is a meal in itself. Next, there is Yakisoba, which is Japanese style chow mein. Then there are two items, Beef Teriyaki and Shrimp Tempura, which are both served with vegetables, soup, cabbage salad, rice, and green tea.

The price of complete dinner, including an appetizer, will be somewhere in the range of only three to four and a half dollars so take some wine, dress casually, don't miss the egg rolls, bring only a little money, and enjoy a great meal.

ED. NOTE: The Tempura is fantastic.

LETTERS TO THE EDITOR

Dear Editor,

Those who seek intellectual stimulation beyond classroom material, those who frequent the ICO library, and those who are concerned about academic quality should be, and many are, appalled by the bone bare current periodical shelves in the library. The library committee of the Student Association recently attempted to find reasons for and make changes in this and other aspects of library operation.

Two major reasons were given for the not so easy availability of current journals. It seems the faculty, who can borrow for a two week period, are hoarding and not always returning on time, a number of journals. The other reason was stated as "not enough hands" to keep the journal rack stocked. Those familiar with the ICO library and faculty can judge the validity of those claims.

Removal of the noisy, functionless, thousand dollar turnstyles was also suggested as an improvement. Allowing check out of overnight materials earlier than the present 4:50 P.M. was also suggested. That suggestion was not immediately rejected and might be initiated. A number of other simple, cost free improvements of this type were suggested and not well considered.

Unfortunately ICO lacks leadership in many areas and library operation is just a reflection of that leadership void. As for myself, I will soon totally lapse into a state of blissful indifference and resignation. At least then I'll be in agreement with the majority attitude at ICO.

Ron Jewart, 1st Year

Dear Editor,

On becoming a class representative for the first year class, I was verbally bombarded from upper classmen with the problems that exist at IC O. Some of these problems were real, others were rumors or falsities. Perhaps the biggest fairy tale of all, was that concerning student--professor or administration communication. Because of the responsibilities of a class representative, I must continually consult with both administrators and instructors. I have found professors and administrators highly receptive to meeting with students. This does not show a communication problem. Three months ago, there was a sign posted which supposedly barred students from the faculty offices. It was also said by some students that the secretary would not allow students into the office area. During this same time period, I visited the office four times to talk with Dr. Nelson, Dr. Tennant, and Dr. Berman. Not once did I have a problem from the secretary or any other source on meeting with these faculty members. Dr. Wodis, who is Assistant Dean, Director of Institutional Affairs, and Professor of Optometry must continually see students because of these positions. I confer with Dr. Wodis two to three times per week and I believe he is very willing to meet with students. Dr. Porter, first year class advisor, welcomes a chance to help our class on any matter. And of course, all students know that Sheldon Siegel and Bob Dame are open and available to help students.

This article to some extent refutes the student-faculty communication problem. Communicating with a faculty member and the receptiveness or willingness to listen to a student are two different things. Receptivity to student viewpoints varies amongst all faculty members, but at least the faculty members will meet with students. I really believe that the most difficult part of communicating with an ICO faculty member is searching for or finding them in the building.

Roger Trudell

DID YOU KNOW THAT AOSA is working on a National Optometric Faculty rating system? That way you will have some kind of idea as to the competence of the particular faculty member applying for a position at your institution. Hopefully this will eliminate things like the the "Grosvenor Hop".

Letters to the Editor Continue
on Page 10.

Commercial Optometry, Con't.

You may not know that you could be reported to the management if you fail to write prescriptions, even if the patient does not need one; or that the prescription you write may be filled incorrectly to comply with management instructions that because sending off for the proper lenses is too expensive, the closest available blanks should be used. These last two tidbits of information were obtained from a former employee of a large optical chain store.

Another source indicated that the optometrist is kept ignorant of the incorrectly filled prescriptions. High school age employees, trained to dispense, screen problems, telling the patients, or should I say customers that they must get used to their "new" prescriptions.

These same sixteen and seventeen year olds are trained to measure the cornea and use the spectacle prescription to fit contact lenses. The optometrist may never see the fit. The same source described the marketing as equivalent to that of a fast food chain.

The new graduate, owing \$15,000 to \$20,000 or more in educational loans, finds a large starting salary obviously attractive. When that graduate fears "starting cold" and no other opportunity knocks, or when the only option just isn't commensurate with six or more years of college, a commercial offer may look very tempting.

With our excellent education and the high national need for eye care, we can start HOT with confidence. The AOA AGU (Assistance to Graduates/Undergraduates) committee helps graduates find ethical positions and many state associations have similar committees. ICO has an excellent, unique placement service run by the Alumni Association.

What about you established optometrists out there? What will happen to your patients when you retire? Wouldn't you like a little more time to yourself?

Have you ever considered whether you would use another doctor at your office, one day, two days a week, or as an associate? Why not soon? Why not now?

What can organized optometry do about this situation? The AGU committees and lobbies favorable to patient welfare have been a good start. All state associations should be encouraged to form active AGU placement services. Other schools should follow our lead in (continued next column)

providing placement services.

A student recently asked me about buying cooperatives. If optometrists could band together and buy supplies in bulk, we might enjoy the volume prices obtained by large retail businesses.

We might survive the battle between private practice and retail vision centers by learning from the example of organizations such as Metroptic. We can purchase supplies and services only from sources which do not deal with commercial establishments.

Students, as you look toward graduation, 3 months or 3 years away, exhaust your sources. You can find a satisfying practice. Think about your options. Weigh the pros and cons. You can sell your soul if you want to. What's your price?

Cathy Cochran, 3rd year

COMING UP IN THE NEXT ISSUE

Budget--Where does All the Money Go?

Boards--We Improved Last Year, but how Much?

Women In Optometry--Interview with a New Grad

Continuation of Restaurant Review

Denise Thanepohn and Marsha Davis would like to thank all those who contributed to this issue of FOCUS.

The views expressed herein are not necessarily those of Student Association.

Commercial Optometry, Cont.

You may not know that you could be reported to the management if you fail to write prescriptions, even if the patient does not need one; or that the prescription you write may be filled incorrectly to comply with management instructions that concern sending off for the proper lenses is too expensive, the closer (all) the blanks should be used. These last two tidbits of information were obtained from a former employee of a large optical chain store.

Another source indicated that the optometrist is kept ignorant of the incorrectly filled prescriptions. High school age employees, trained to dispense, screen problems, telling the patient, or should I say customer that they must get used to their "new" prescriptions.

These same sixteen and seventeen year olds are trained to measure the cornea and use the spectacle prescription to fit contact lenses. The optometrist may never see the fit. The same source described the marketing as equivalent to that of a fast food chain.

The new graduate, owing \$15,000 to \$20,000 or more in educational loans, finds a large starting salary obviously attractive. When that graduate leaves "starting cold" and no other opportunity knocks, or when the only option last year commensurate with six or more years of college, a commercial optometrist may look very tempting.

With our excellent source at the high national level for eye care, we start HOT with confidence. The (Assistance to Graduate) find out positions and many state associations have similar committees. IGO has an excellent, unique placement service run by the Alameda Association.

What about you established optometrists out there? What will happen to your patients when you retire? Wouldn't you like a little more time to yourself?

Have you ever considered whether you would use another doctor at your office, one day, two days a week, or as an associate? Why not soon, why not now?

What can organized optometry do about this situation? The AGO committee and lobbies favorable to patient welfare have been a good start. All state associations should be encouraged to form active AGO placement committees. Other schools should follow our lead in (C continued next column)

providing placement services.

A student recently asked me about buying cooperatives. If optometrists could band together and buy supplies in bulk, we might enjoy the volume prices obtained by large retail businesses.

We might survive the battle between private practice and retail vision centers by learning from the example of organizations such as Neoptics. We can purchase supplies and services only from sources which do not deal with commercial establishments. Some retail establishments, as you look toward graduation, 3 months or 3 years away, expect your sources. You can find a satisfying practice. Think about your options. Weigh the pros and cons. You can sell your soul if you want to. What's your price?

Cathy Cochran, 3rd year

COMING UP IN THE NEXT ISSUE

Budget-Where does All the Money Go? Boards-We Improved Last Year, but how much?

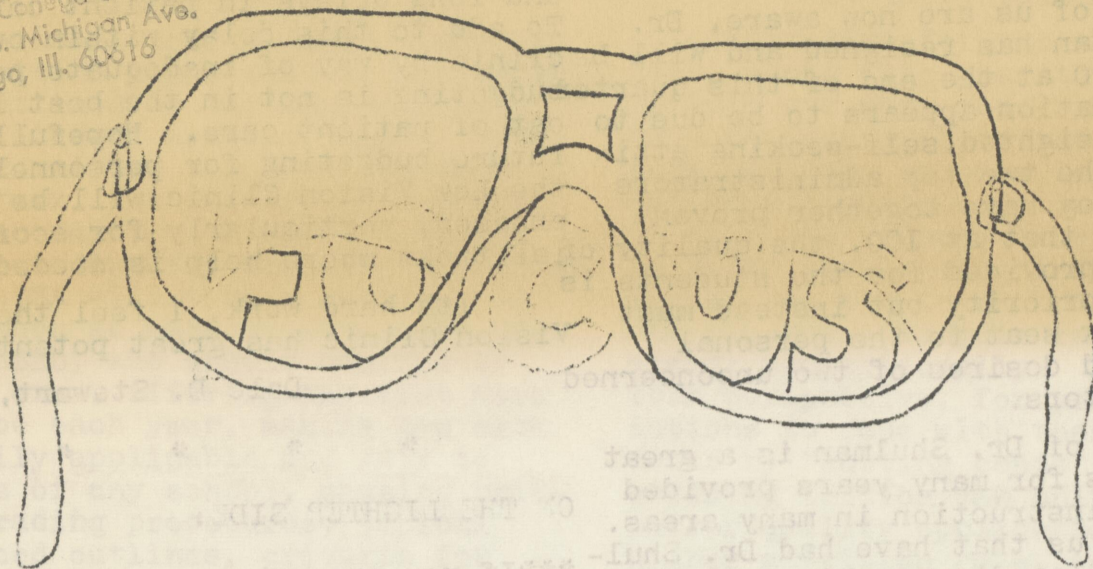
Women In Optometry-Interview with a New Grad
Continuation of Restaurant Review

Dentae Thapachon and Marsha Davis would like to thank all those who contributed to this issue of FOCUS. I learned that part of dental history, but this article reads like a dental school textbook. The views expressed herein are not necessarily those of Student Association.

What about you established optometrists out there? What will happen to your patients when you retire? Wouldn't you like a little more time to yourself?

Have you ever considered whether you would use another doctor at your office, one day, two days a week, or as an associate? Why not soon, why not now?

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Published by the Students for the ICO community

May, 1979

ICO Students Association

The people who have served on your student council this last year have contributed a great deal of time and energy in numerous ways: On the dean search committee and getting new lockers, giving input to administrative committees, setting up exam schedules, working with the calender, organizing social and service projects, more things than we could list here. But by far the most outstanding contribution that this group has made to the quality of our life at ICO was the result of a dinner given by Dr. and Mrs. Rosenbloom. They split us up into groups and organized a competition. Following are the final products-four new versions of an ICO fight song!

to the tune of, "Oklahoma"

I--CO where the smog comes
sweeping off the lake,
Where the faculty are totally
incompetent beyond belief!

I--CO where the lectures are
hard to bear.

The attendance there, cannot
compare to the time spent
leisurely elsewhere!

We're coming in to learn what
we should know,
Only to find our patients never
show!

And so we saaaaaay!

There'll be another waaaaay, for
us to prosper;

We'll do okay in a few years,
We'll be working for Sears!

The above was judged as the best by an impartial panel. The next three runners-up were felt by the Rosenblooms to be far superior to those written by previous groups, and are presented in random order:

"What Problems are Facing ICO's Low Vision Clinic?"

This was a question Denise Thanepohn asked me one day after class.

Let me begin to answer this question by addressing some of the physical problems that are of particular concern. Space, as in all ICO specialty clinics, is at a premium. In the Low Vision module this is even more true since most of the patients are accompanied by at least one relative, and sometimes more. Since it is many times helpful or necessary to have a friend or relative present during the exam, the room becomes overcrowded with no place for these people to sit. Recent rearrangement and the removal of some furniture by Dr. Taylor has improved the situation, but I look for long term budgeting for physical expansion as the only solution.

A second high priority problem that should be within the short term budget goals of the clinic is the installation of ophthalmic chairs. The current use of 'lawn chairs' for the patient lends an unprofessional appearance to the clinic and reflects on the examiner. Additionally, some procedures, (such as ophthalmoscopy or slit lamp examination) are very difficult if not impossible in these chairs.

Personnel problems are another area of the Low Vision Clinic that I look for improvements in. Currently both Dr. Taylor and Michelle are burdened with scheduling work and General Clinic tasks that result in slow processing of Low Vision letters and material. Low Vision care is often financed with state and federal funds through agencies that create mountains of paperwork
(cont'd)

Dr. Paul Shulman's Resignation

As most of us are now aware, Dr. Paul Shulman has resigned and will be leaving ICO at the end of this quarter. His resignation appears to be due to the short-sighted, self-seeking attitudes of the two top administrators at ICO. They have together proven once again that at ICO, the quality of education provided for the students is not a top priority but instead must take a back seat to the personal demands and desires of two unconcerned administrators.

The loss of Dr. Shulman is a great one. He has for many years provided excellent instruction in many areas. Those of us that have had Dr. Shulman for Ocular disease, in Path lab or as a staff in general clinic, know what a good instructor he is. Beside having an incredible mastery of pathology as well as any and all other areas of optometric study, he is able to convey this knowledge to the student. He does this in a manner that is both successful in terms of actual learning as well as being interesting and entertaining.

If you have ever had the opportunity to speak to Dr. Shulman on a one to one basis you I'm sure have seen that he is completely on your level, not putting himself above you or allowing his position or ego to come between himself and his students.

Having gotten to know Dr. Shulman over the past two years it has become obvious to me that there simply (by virtue of their two opposing natures) has to be a conflict of interest between Dr. Shulman and the administration. They have directly opposite interests at hand - conflicting priorities - opposing concerns - after all, Dr. Shulman's concern is for the student!

We all of course know that Dr. Shulman can not stay at ICO forever and sooner or later, would have left even without the part of the administration. However, I strongly feel that our two top administrators did us the injustice of hastening his resignation by their own actions in regards to Dr. Shulman.

All "reasons for leaving" aside, I want to take this opportunity to thank Dr. Paul Shulman sincerely for all that he has done over the years for the students of ICO. His students have always and will continue to respect him and value the knowledge that he has given them.

I look forward to looking for Dr. Shulman at the many conventions and congresses of which he is a part. I look forward to getting him aside and thanking him in person, as I am sure many of you would like to do.

Low Vision Clinic, cont'd.

and long delays in patient care. To add to this delay within our clinic by way of inadequate personnel budgeting is not in the best interest of patient care. Hopefully future budgeting for personnel for the Low Vision Clinic will be increased, particularly for secretarial tasks where help is needed most.

With hard work, I feel the Low Vision Clinic has great potential.

Dale D. Stewart, O.D.

* * * *

ON THE LIGHTER SIDE:

***If you are unhappy-

Once upon a time, there was a non-conforming sparrow who decided not to fly south for the winter. However, soon the weather turned so cold that he reluctantly started to fly south.

In a short time ice began to form on his wings and he fell to earth in a barnyard, almost frozen.

A cow passed by and crapped on the little sparrow. The sparrow thought it was the end.

But, the manure warmed him and defrosted his wings.

Warm and happy, able to breathe, he started to sing.

Just then a large cat came by and hearing the chirping, investigated the sounds.

The cat cleared away the manure, found the chirping bird, and promptly ate him.

The moral of the story:

1. Everyone who dumps on you is not necessarily your enemy.

2. Everyone who gets you out of the trap is not necessarily your friend.

3. And, if you're warm and happy in a pile of dung, keep your mouth shut.

* * * *

Letter to the editor-

Faculty Research vs. Responsibility

As a first year student I have oftene asked myself, "What is more important, faculty research projects or the education of the students in an organized, continuous manner?" I have also wondered at times if we always get the excellence in education which we pay for, and for which this institution is supposed to be known.

(cont'd.)

AOSA Seeks Input on NBEO

Cathy Cochran

National Boards is the subject of a position paper that is currently being outlined by the American Optometric Student Association. A three member committee has been assigned to the task. As one of the members of this committee, I would like to have input directly from ICO students!

The AOSA will take a position on such issues as nationwide acceptance of the NBEO, who should administer such an exam, offering the test more than once each year, making the exam clinically applicable and fair to students of any school, passing criteria, grading procedures, topical referenced outlines, criteria for writing questions, and making test answers available. If you have any input on the above or other NBEO matters, please drop a note in box 127 or contact me personally.

Ambiguity, practicality, and answerability of the 1979 Boards will be addressed specifically, apart from the general position paper. Cindy Murall, a Houston student, is seeking input on specific questions. If any students plan to research the answers personally, or would be interested in helping with a question by question detailed look at the NBEO, please contact the ICO NBEO liaison, Mike Hittenmiller (Box 256).

COVID Update

Dr. Glen T. Steele, chairman for assistance to new graduates, has organized a program to help match student COVID members with practicing members as associates, partners, etc. Opportunities are available in many states. For more information write to: Glen T. Steele O.D.

803 Mt. Moriah Rd.

Memphis, TN 38117

Please state the regions you are interested in in your inquiry.

DON'T FORGET:

Sunday May 20th

ICO Spring Picnic

BE THERE!

University Affiliation

by Larry Baitch

It is time for the administration, along with the student body, to turn our many concerns toward a very serious problem that is impending not only on this institution, but on all private optometry schools.

With the economy in what appears to be an unrelenting inflationary trend, the strain on both school and students' budgets increases almost proportionally. From a long term perspective, for private institutions to cope with these increasing costs by "cutting costs" and increasing tuition can only result in poorer quality application pools, a higher attrition rate, and more graduating students seeking economically rewarding commercial optometry to ease the tremendous debts that they have accrued. Another result, perhaps more harmful yet, may be a static state of mediocrity of the optometric education we receive.

I believe that the time has come for a committee to be formed, consisting of students, faculty and administration, that will seriously look into the possibility of university affiliation. I believe that it is the only alternative that we have to maintain a high caliber educational institution. Of course this will come into serious debate; questions of academic independence, admissions policies, and the inevitable alumni opposition will appear in the discussion. However, the serious investigation into this question should be made soon.

It is obvious that if the profession of optometry is to continue growing and attaining status, it must begin to integrate itself into the greater educational community. This includes university affiliation, open communication with other health fields is one of the keys for a viable profession to gain and maintain respect and status (let alone a balanced budget) in this world of doubting and challenging schools of thought.

RECYCLING OF AMERICA

On August 6, 1979, a bicycle marathon will leave Crested Butte, Colorado on a 260 mile, 5 day tour through the western Rockies and over the Continental Divide to Boulder.

During the past year Crested Butte has captured the conscience of a large segment of the American public. It has proven that human energy makes the difference between the great and the insignificant.

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With that understanding Roy Smith of Challenge/Discovery and Gil Hersch of the Crested Butte Chronicle have organized the Recycling of America. Their concept is simple: the application of human energy to address the energy crisis. The organizers of the movement stated, "The Western Slope is being asked to supply America's energy needs. We believe that the first step in that process must be conservation. The American public can have the best of both worlds; they can maintain their material welfare and preserve the environment. The key is awareness. We must learn, as a civilization, to recycle, use renewable resources and maintain our health through physical fitness. What better example is there than putting aside the vicarious pleasures of the automobile for the real experience of bicycling the Rockies."

Symbolically, the bicycle tour will represent human energy as the link that brings people together rather than dividing them, as it has done in the past. Crested Butte embodies the new age philosophy of conscious community; one that encourages energy saving devices for heating, reduces the use of the automobile and places man above technology. On a larger scale Boulder represents the same ideology. It is a center of learning, it is attempting to adjust to the needs of human beings and it is planning for future generations. The link between the 2 communities will, it is believed, raise the consciousness of the American public. In addition crossing the Continental Divide will demonstrate the unity of east and west.

Smith noted, "Our national debt is caused by the over-consumption of energy. We, the people, are a natural source of energy yet we look to sources outside ourselves to satisfy all our energy needs. It is a tremendous paradox. European communities that have comparable lifestyles (such as Sweden and Germany) are making due on just a little more than half of our per capita energy needs. Clearly, the challenge is for all Americans to address these urgent problems that are confronting us."

Present plans call for the cycling marathon from August 6-10. Plans are being made to accommodate between 1000 and 1,500 cyclists for the 5 day run over the Continental Divide. Arrangements are being made at national and state parks for overnight camping for the participants. Concerts will be arranged at some of the stop-overs and it is expected that the event will be covered by state and national media.

For Information Write:
Recycling of America, P.O. Box 1229
Crested Butte, Colorado 81224

Lately, I feel I am lying when I tell my patients they are receiving good care at ICO. The fault lies within many areas of care in the clinic but I believe the root of the problem lies with the administration.

A combination of hiring on the basis of who will accept the lowest salary rather than who is qualified; nepotism; inefficient scheduling of personnel; not appropriating enough funds to areas that are vital to clinic operation; and the disorganized decision making that is characteristic to ICO all lead to an end result of poor patient care. Poor patient care leads to fewer patients seen at ICO and thus a frightening cycle is begun as intern experience and clinical abilities decline along with clinic income.

The most annoying situation for patients seen at ICO must be the waiting. First they wait at the reception desk for almost every process that takes place in that area. I don't mean to imply that the women working in this area are at a fault. More likely this inconvenience is due to poor scheduling, not enough personnel, and inefficient methods of processing the patient.

The next big wait for the patient is when I have to talk to the staff doctor. I have only had the problem of not being able to find a staff doctor 2 or 3 times this year. Most of the time this happens at lunch time or at the end of the day. All of a sudden there are interns and patients waiting and no staff scheduled. That is a situation that should never be allowed to happen as it angers the patient to the point of never returning to ICO.

Even when staff are present, I feel my patient waits unnecessarily while I fill out forms and get signatures. A new system should be worked out that spares the patient this waiting time.

How many times have you had to hop from room to room to module and to the library trying to find equipment that works? Or just to find equipment! I can see no valid excuse for shortage of and disrepair of equipment, or for routine use of so much outdated equipment. All of this again leads to patient inconvenience and poor care when the frustrated intern runs out of time, has to make do with what is there, or simply gives up. It seems that a lot of money could be funneled into equipment since it certainly is basic to good and efficient care. I see a lot of equipment at ICO which I wouldn't consider using in private practice, purely from the standpoint of inaccurate or poor results.

5

Poor patient care (cont)

I can see no reason why this equipment is used here.

The place where I personally have seen the greatest mishandling of the patient and the poorest care given to the patient is in dispensing. Invariably, there are too many interns assigned to dispensing on a dead Monday morning and too few interns assigned to it on a busy Saturday afternoon. The waiting some patients go through can hardly be called good, professional care.

I have seen some patients leave with a finished Rx that I would not dispense in private practice but which goes by at ICO. In every case I have been involved in like this I try my best to get the Rx re-done but on several occasions have found this an impossible task because of the usual runaround while the patient waits for as long as 1½ or 2 hours!

I can hear the administrative cry now, "These things cost money! The only thing we can do is raise tuition. I'm sure all of us can think of at least one ridiculous, needless waste of our tuition dollars. How much money could be provided by elimination of waste alone?"

I am sure all of us could also think of specific unnecessary and inefficient procedures at ICO. How many of these could be eliminated or revised?

I am not sure there is a single, easy solution to this problem. I only know that something should be done about clinic problems soon. At the present time I don't think the patients we lose to shock houses were getting better care at ICO in many ways.

Unanswered Questions

Will we ever get our grades back before we've forgotten what courses we took?

Will the 3rd year class ever find out how they did on Dr. Schlages final?

How many times/min does Dr. Teshima say "uh"?

Why are Drs. Scanlan and Yaskow allowed to smoke in the clinic?

Will anyone ever fix the slit lamp on aisle B-C?

What is Mr. Cuplin's "take-home" pay?

Why are Dr. Nizza's pants so short?

Why do so many things at ICO get decided by not deciding?

Did Dr. Barry have an affair with the computer?

Why was the calendar change almost passed without any student input?

What makes Dr. Day smile?

Why does Dr. Porter now wear a long lab coat?

What is Dr. Tennants first name.

Faculty Research, cont'd.

Let me be the first to say that I feel we are fortunate to have such a distinguished research staff here at ICO. Drs. Chino, Shansky and Alexander are achieving excellence in their various research projects and are to be commended. It is through their effort that ICO keeps up its reputation as an institution known for its higher research.

On the other hand, I didn't come to ICO because of its research staff. I came here to get the type of education which would make me a good Optometrist and prepare me to make proper decisions when dealing with my patients. There are a few areas where I feel the students are not getting what we deserve, or for that matter, what we have paid for. In Neuroanatomy, a course which I have been told many times is of importance on Boards, we have missed eight (8) hours of lecture this quarter alone. Granted, a substitute of some type is there to fill the time vacated by Dr. Chino when he is away. In all cases (without exception) the time spent with guest lecturers has not dealt with material relevant to course outlines or objectives. The time in essence has turned out to be wasted time with a baby sitter of sorts.

Dr. Chino is a very good lecturer and is available for individual help when he is here. I don't blame him personally for what has happened in his Neuroanatomy class. I do blame the administration for allowing it to happen and for putting research projects ahead of the main goal of an academic institution: The education of its students. After all, we are the ones that pay most of the bills here. Is it too much to ask that we get what we pay for?

Mark L. Tappan

* * * *

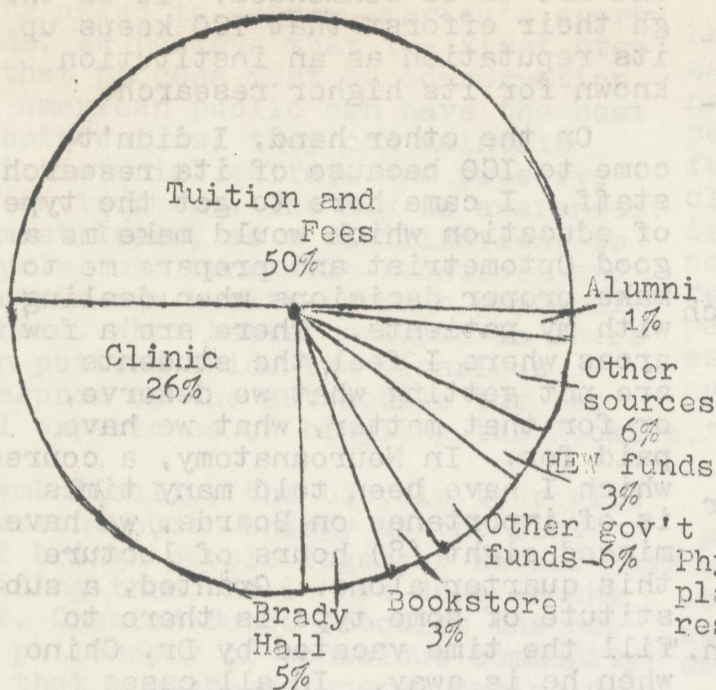
ICO Budget

How is your tuition dollar spent? We have all asked this at one point or another, and the answer will be of greater and greater interest as tuition costs increase.

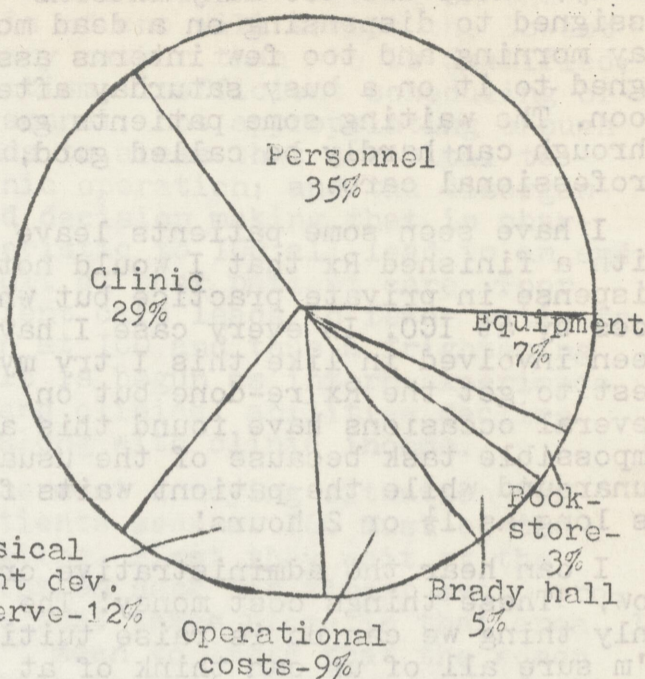
Of the 5million dollars in revenues ICO receives per year, 50% is accounted for by tuition and fees. Other incomes include the clinic, government grants, auxiliary enterprises, alumni and other sources. Government grants include HEW funds, state contracts, research grants, etc. Auxiliary enterprises consist of Brady Hall and the book store. "Other sources" are comprised of in

I.C.O. BUDGET

Anticipated Revenue



Anticipated Expenditures



investments (eg. commercial paper), short-term endowments, interest, and the photo-copy machine.

Anticipated expenditures at ICO include: personnel, clinic, auxiliary enterprises, new and replacement equipment, operational costs, and the physical plant developmental reserve. Equipment costs include equipment for both the academic and clinic use. Heating costs, electricity, trash removal, etc., are all listed under operational costs. The physical plant developmental reserve is placed under an endowment fund to be used only for "special need."

Brady Hall and the bookstore, which comprise the auxiliary enterprises, will be self-supporting this year. The clinic, on the other hand, will be operating at a deficit. Another problem ICO faces is that government funds are expected to decrease.

In THE
GOOD
OF
ICO

TRADITION...

College of Optometry Library

BUCK

Administrative Inaction, cont'd.

...and more questions...

And why don't we know yet? Why wasn't this done in the Fall, or at the latest, February? Why wasn't there any student input? Same answer as before-- administrative inaction and indecision.

So, if you're aggravated about one or both of these problems, put the blame where it belongs: on the administration.

* * * *

Bridge, cont'd.

Answers to problems:

1) Pass. Partnerers 4 no-trump bid cannot be Blackwood, as he passed your 3 NT on the previous round. He was willing to settle for game then, so why should he suddenly become slam-conscious now? Obviously he is making one last effort to buy the contract at no-trump. So be a good partnerer, and don't hang him.

2) 4Spades. When partnerer belatedly gives you a free raise in spades, your hand becomes much better than it first appeared. Partnerers spade raise has to be a game-try now that he knows you have club support, asking you to bid game in spades if you have anything extra. Which you do! Not only a 5-card spade suit, but 5 clubs headed by the Ace! Partnerer has no reason to suspect you of either holding. What should partnerer have for his 3 spade bid? Something like 5 clubs to K,Q,J, 3 spades headed by A,Q, or K,Q, and one of the read aces. Facing such a holding, 4 spades should be ice cold.

* * * *

For all the time and energy they put into this issue, I would like to thank the following people: Bob Grill, who not only contributed his ideas but also typed all the stuff without typos; Dale Stewart for being the only faculty member this year to submit an article despite numerous promises from many others...; Denise Thanepohn and Cathy Cochran (next years editor) for their many articles and immoral support; and the following students who took a few minutes to vent their frustrations creatively: Rod Schpok, Bill Lakin, Donna Higgins, Mark Tappan, Frank D'Apolita, Mark Fisher, Don Dlouky, Carmen Castellano, Larry Baitech, the board of the Students Association, and many other who I may have forgotten who have contributed to this and other issues.

Good luck to all the graduating fourth year class. Save this issue in case you start yearning for the security of being back in school, it will snap you out of it.

- Will the print room ever catch up?
- How many words can Dr. Shulamn say in one breath?
- Will Dr. Greenspan take over Dr. Shulman's title of "Most prolificly voluminous ICO lecturer?"
- Why does Mr. Siegel's personal opinion sound amazingly like Dr. Rosenblooms?
- Why does Dr. Jurkus deny class hand-outs to her students?
- Why, really, is Dr. Paul Shulman leaving ICO?
- Why are the school results of last years National Boards confidential?
- How are the National Boards graded?
- Is anyone masochistic enough to run for Student Association President?
- Why did Dr. Rosenbloom cancel the staff insurance?
- Does the board of trustees really know what goes on at ICO?
- Why is Jerry Greenberg?
- What does Mr. Weil do with his cats?
- For that matter, what do Drs. Chino and Shansky do with theirs?
- Why has the school run out of auto-plot paper?
- Why does illness of the recieving man stop delivery of packages to ICO?
- Why was the externship program such a shambles this year?
- Why did Dr. Avery Shulman have the best 3rd year attendance before boards?
- Will there be an Ocular Path teacher when school starts in the Fall?
- Who are the "fetal faculty?"
- Will ICO be able to attract a good Academic Dean?
- (Do we need to answer that question?)
- Who really runs the school?
- Why does the bookstore have to find a way to get rid of some texts by Theodore Grosvenor, O.D.?

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Michigan Boards, cont'd

As the date for this meeting drew closer students unsuccessfully tried to pin Dr. Rosenbloom down as to whether or not he would write a letter to be read at the meeting. The meeting was last week, the letter was never written, and we still have know idea if anything was done at all by Dr. Rosenbloom.

The meeting with the board was attended by students from ICO and Ferris state in Michigan. Also a MOA Board member was willing to take a day off from his practice to voice concern. The Dean of the Optometry school at Ferris was tod1 of the meeting just a few days before it was to occur, yet he made it to the meeting. If all these people were able to re-arrange their schedules to be there, why couldn't Dr. Rosenbloom attend or at least send a written statement with the students who went? as the initial concern and promise of support only a ploy to pacify students? If so, does the school administration really think students believe these false promises??

* * * *

More Unanswered Questions...

How did Mr. Siegel get Bob Dame to do all his work?
Is that why Bob left ICO?
Who teaches Pharmacology?
Why was the cigarette machine, by popular student demand, removed from the school only to show up in the dorm?
Why was the calendar change almost passed without student input?
Why does Dr. Porter keep his personal affairs totally separate from ICO-or does he?
Why does Dr. Nelson sound like he's only read a page ahead of the lecture?
Why is the word "innovative" missing from ICO dictionaries?
Why does the word "Indecision" appear twice?
Is the bookstore mail slot a figment of Scott Kenitz's imagination?
Is it true Steve Lancaster is on the verge of a nervous breakdown?
How much did Dr. Spindel pay for his brown loafers?
Is it true that ICO has an administrative vacuum?
What really happened to the referendum ballot box?
What was the final result of that referendum?
Why does the stairwell by the first year room smell like sour mops?
How many times did Dr. Taylor interrupt Dale Stewart during Low Vision?
Why don't the doctors in the Path Lab wash their hands between patients?

No Tump at ICO

1) S:xx
H:AQxxx
D:KQx
C:K10x

The bidding:

you	oppt	part	oppt
1H	dble	redble	pass
pass	1S	2NT	pass
3NT	pass	pass	4S'
pass	pass	4NT	pass
???			

2) S:J9xxx
H:Jx
D:x
C:Axxxx

---	---	1C	pass
1S	dble	2C	2H
3C	pass	3S	pass
???			

* * * *

Letter to the Editor:

ICO Adminstration--Is Anybody Up there Doing Anything?

I am of the opinion that more gets done at this school by administrative indecision and inaction than by the normal process of decision and action. The two most recent illustrations of this are 2nd year pharmacology and the calendar problem.

Around the beginning of the third quarter, Dr. Benoit became ill. It was not the 24 hour flu. It was a myocardial infarct, commonly known as a heart attack. Recovery time varies, but is usually around 6-8 weeks. Since the third quarter is 12 weeks long, and the recuperative period is around 8 weeks, simple subtraction gives you 4 weeks in which to teach a 12 week course. Many of our courses at ICO could be condensed into this time period, but Pharmacology simply isn't one of them.

So what did the administration do about this problem? NOTHING!! Nothing that is, until the 2nd year class decided to boycott Pharm due to lack of time. Why wasn't another instructor sought immediately? Because of inaction and indecision by the administration, or the "if I close my eyes maybe the problem will go away by itself" syndrome.

Now lets look at the calendar problem. Changing the calendar 2½ weeks before it goes into effect is insanity. There isn't another school around that would have the gall to do it. 1st and 2nd year students have job commitments and vacations planned. 3rd year students have externships, affiliated clinic requirements and vacation times already planned. And we still don't know what the calendar is going to be!

(cont'd.)

ICO Fightsong, cont'd

to the tune of, "Casons"

MEM, Ortho-K, something different
every day
As the students go fumbling along!
Flunked the boards don't know
a thing, this is what 4000 brings
And the staff never helps us along!
And its hi hi he in the school of
Optometry
Shout out your Rx loud and strong:
PUSH PLUS!
So wherever you'll be, you will
always see
'Cause you came to an ICO OD!
In and out, see us run, working in
the ghetto's fun
As our patients go stumbling along!
Mrs. Jones has a son; he's a myope
with a gun,
And security has gone out to lunch!
(repeat chorus)

to the tune of, "Mame"

We should have known the day
we walked in, ICO*
When Warren Cuplin stood there
and grinned-ICO!
As Dr. Wodis lectured us
Reruns from the days & weeks before
And Dr. Shansky (snort) at us
Can't believe that we came back
for more...

And now we made it through the
first year-ICO.
For Dr. Grosvenor we will all
cheer-ICO!
We hit those boards that spring
And we flunked 'em like the
classes did before!
Then Roy Boy tried to teach us
He uh seemed to uh drive us
Right uh out the door.

3rd year was just the same as
before, ICO
Don't know if we can make one
year more-ICO.
Low vision really blinded us,
Shulman left us lying on the floor;
Our PO labs were so much fun
Barry didn't seem like such a bore.

And now that graduation is
near-ICO,
We'd like to stand and give
a big cheer: ICO!
Our clinic PCU's are done
And the student loans are coming
due,
If I don't get that fellowship,
Or a good practice partnership,
What good will that degree do?

* pronounced as a two syllable
word, ich-on

Another popular favorite was to
the tune of "Mickey Mouse"...

chorus:

ICO, ICO,
Where all our hard-earned money goes!
Ophthalmoscopes, retinoscopes
and patients never show.
Pay the bills, read the notes,
that's our I.C.O.!

When we were in the first year class
The bones by heart we learned,
But on the boards they asked us things
That we had never heard!

(chorus)

In second year we hit the aisles
To use what we were taught,
But soon we found we could not use
Most of what we bought!

(chorus)

Finally in the third year class
We polished all our skills.
And all the equipment that we bought
We added to our bills!

(chorus)

We made it to the fourth year class
Just one more board we pray.
We set our sights on end of May-
That's graduation day!

(chorus)

* * * *

Letter to the Editor:

Michigan Boards

As many of you know, in mid-January the state of Michigan changed its policy concerning National Boards. Due to scoring problems last year the written exam was abolished in favor of National Boards only. This was to become effective immediately.

Due to the late date of this decision and the fact that it applied to classes that have already started taking boards, a number of ICO students started lobbying for some form of compromise. At the time Dr. Rosenbloom expressed his concern to students and promised his support. Through many letters and phone calls to the State Board of Examiners, the Michigan Optometric Association Board, and Optometrists in private practices, students successfully arranged for a meeting with the licensing board.

When the date of this meeting was known Dr. Rosenbloom was again approached about supporting student concerns by attending this meeting. This was at least one week in advance of the meeting. Because of "teaching commitments" on the day of the meeting Dr. Rosenbloom "regretfully" could not attend the meeting. It is difficult to believe that any class at ICO is so well structured that a lecture could not be rescheduled to allow Dr. Rosenbloom to attend a fairly important meeting. Never the less Dr. Rosenbloom said he would do something to express his opinion on the matter.

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Dear Editor:

You can put this under the heading,
if you rub my back, I'll rub yours.

It seems that Dr. Rosenbloom spent some time last week arguing with the Chairman of the Visual Science Division over travel plans. From what I hear, there was some concern over the travel agent. Dr. Rosenbloom was somewhat upset that all the faculty didn't make their travel plans through Casa del Oro, a travel agency conveniently run by C K Hill. For those of you unfamiliar with the name, C K Hill just so happens to be the Chairman of the ICO Board of Trustees. It looks like C K is using his position as trustee to exert his influence for financial gain, with Dr. Rosenbloom as intermediary and resident heavy. Sounds like a conflict of interests to me. Not good. Not good at all. And, to top it off, guess where this travel agency is located? Not downtown Chicago, mind you, but rather, California. Unbelievable. So, instead of calling a travel agency here for nothing, Dr. Rosenbloom would rather spend his secretary's valuable time putting through

a long distance call to California. That's not very sound financial thinking--\$0.00 for a travel agent here, or \$1.24 for a 3-minute call to California (52¢ for the first minute, 36¢ each additional), plus the cost of the secretary's time. It simply makes no financial sense; unless, of course, you're C K Hill.

But, there is one question, after all this, that hasn't been asked: If Dr. Rosenbloom is drumming up business for C. K. Hill's travel agency, what is C. K. Hill doing for Dr. Rosenbloom? Interesting question, no? After all, everybody's back must get rubbed somewhere along the line.

Name Withheld

CONGRATULATIONS
CLASS OF 1979.

GOOD LUCK!

That will be decided by
the Board when
they meet.



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No Evil!

PRE-CLINIC LAB
LOSE ONE TURN

A.A.R.

TRUSTEES

Students & Faculty Staff

<p>PRE-CLINIC LAB</p> <p>LOSE ONE TURN</p>	<p>You do all 15 00 lab assign. in 2 wks but discover you used plus cyl form. GO BACK FOUR SPACES.</p>	<p>Dr. Barry is your lab instructor for Sensory Aspects LOSE ONE TURN.</p>	<p>Dr. Shulman is in front of you in the cafeteria line. You starve that day. Move BACK ONE SPACE.</p>	<p>During the CL practical you drop a CL down your shirt. LOSE ONE TURN.</p>	<p>Go back to Pre-Clinic Lab.</p>	<p>The print room has all the lab manuals done before the quarter is half over. Move AHEAD THREE SPACES.</p>
<p>You forget your lunch and have to eat in Brady Hall.</p> <p>Move BACK ONE SPACE.</p>	<div><h2>SECOND YEAR OPTOMETRY</h2><p>A Game for Second Year Students at Illinois College of Optometry</p><p>Object of the Game: To get to third year.</p><p>Rules:</p><ul style="list-style-type: none">* Two or more may play.* Players take turns throwing a die* First player to reach 3rd yr. wins.</div> <div><p>Start Here</p><p>Second year Optometry ICO</p><p>Sheldon Siegel wants to talk with you. START OVER.</p></div>					<p>Dr. Alexander actually understands what he's talking about. ADVANCE ONE SPACE.</p>
<p>You buy your books on the one day during the quarter that Bea is in a good mood. TAKE ONE EXTRA TURN.</p>	<p>You're a Univ. of Illinois or Michigan State fan. LOSE ONE TURN.</p>	<p>Dr. Nelson actually answers one of your questions in class. ADVANCE ONE SPACE</p>	<p>Spring break is scheduled after Boards. LOSE TWO TURNS.</p>	<p>A class mtg. is held and everyone shows up. ADVANCE TWO SPACES.</p>		<p>You're given hints on all 50 questions on the Path final, but misinterpret 49 out of the 50. GO BACK TWO SPACES</p>
<p>You depend on the notetaking service for notes the day before exams. LOSE TWO TURNS.</p>						<p>Peter Weil is sick at home the day you decide to study in the library. Move AHEAD TWO SPACES.</p>
<p>Third year Optometry at ICO</p>	<p>You're caught cheating on an exam. START THE YEAR OVER!</p>	<p>After risking life&limb in a 3 hr. drive thru a blizzard, your exam is canceled. Move BACK TWO SPACES.</p>	<p>During your Pre-Clinic practical, you forget to reset the near PD. You flunk. Go BACK TWO SPACES</p>	<p>GIRLS ONLY: Dr. Gailmard announces he's getting a divorce & will be available. Move AHEAD THREE SPACES</p>	<p>You forgot to look at the old Pharm. exams before the test. MISS ONE TURN.</p>	<p>You're dispensing lab requires many tools. Unfortunately, you spent \$60 last year on tools not needed. MOVE BACK TWO SPACES.</p>

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ICO

FOCUS

SEPTEMBER, 1979

Published by the ICO student association

ILLINOIS STATE BOARDS TO BE DISCUSSED

by Mario Palermo

By now, most have heard something about the recent Illinois State written examination. A series of articles will help dispell the rumors which have started.

According to Jay Gulatta, 1979 graduate, only twelve of the 44 who took the written exam passed. Not more than one failed the practical examination, of those who took the practical.

Meetings have been arranged to discuss solutions to this problem. Dr. Rosenbloom and Dr. Gulatta will be meeting with others (such as members of the Illinois Board of Examiners).

Watch for an update of this important issue in the next FOCUS.

SHULMAN QUILTS WEISSER,

SEEKS POST AT ICO

by Anita Pearson and
Rick Robenstine

Will Dr. Paul Shulman ever teach at ICO again? This is the current controversial topic raging through school recently. These reporters interviewed Shulman in person late last week.

Shulman resigned from ICO last spring for several reasons. Specifically, one issue was the loss of his optometry course to Dr. Grosvenor and other instructors. Another factor was the complaint about his habit of rearranging course lecture hours when Shulman left town for speaking engagements.

"As long as I put in acceptable hours, even though there was some inconvenience to students, the content of the course was covered, and the school was benefiting by exposure.

"No one else in the college is known throughout the country," Shulman reasoned.

(continued on page 18)

BOTTOM LINE IS ACADEMICS

by Cathy Cochran

"The bottom line is the academic program," stated former Dean of Students Sheldon Siegel. He stated that there has been no effort to develop faculty due to the absence of an Academic dean, so many of the resulting problems fell on his shoulders.

Siegel discussed the problems he saw in ICO. "The school is presently on the brink in terms of whether it will succeed as a (respected) educational institution that will be recognized by the profession," he stated.

"The leadership has too many things to deal with," he said. "Administratively, the school is short."

Siegel resigned recently from his position as ICO Dean of Students. He hoped that his leaving would at least point up some of the things which must be accomplished for the student.

"Students are the key to the success of this institution," Siegel said. "They must keep pushing, striving, and screaming for change, for representation on committees, since they are the consumers and know what goes on in the classroom," he added.

Siegel had taken a job as one of three directors at Sportus College in Chicago. He hopes to find there the cooperation and support to nurture growth in his job which he found lacking from the ICO administration.

With his decision to leave ICO, Siegel initially felt "teary-eyed and sad and (he) cried." At the time of the interview, although he felt a sense of loss and expressed the desire to remain at ICO if circumstances were different, Siegel was also "bitter" because he "had not had the support he should have gotten, and was dealt with as an unfeeling individual, a robot."

Siegel said that except for a dozen students (continued on page 17)

DEAN OF STUDENTS SEARCH UNDER WAY

The Dean Search Committee, comprised of Sharon Greenberg, Karen Robertson, Dominick Maino, Pat Stomp, Dick Pesavento, and Joe Conigliaro, met on Thursday to discuss their function in finding a replacement for former Dean of Students Sheldon Siegel.

The committee decided that the most important criteria upon which they should base their judgement is the applicant's previous experience working with students (i.e. counseling, financial advising, admissions, recruiting, etc.) The level of education (masters, PhD) was not considered a major determining factor. Although it will be difficult to locate a replacement who can assume all of Siegel's former functions, it is hoped that the new dean will gradually be able to work his/her way into the position.

An advertisement explaining the position was run in the Chicago Tribune through Sept. 4. Thirty-seven applicants sent resumes.

Sharon Greenberg narrowed the selection to approximately twelve people who she felt demonstrated the best overall credentials. The committee will further narrow the choice to six individuals, who will be invited for interviews.

The committee hopes to have its final recommendations ready for Dr. Rosenbloom within the next few weeks. Dr. Rosenbloom will then make the final decision.

Joe Conigliaro

COMING ATTRACTIONS:

1. Magnetic Confrontation Test
2. Psychic number seven
3. Sturms Conoid Implosion Theory

ICO WAITING ROOM...

SEARCH COMMITTEE STILL SEEKS ACADEMIC DEAN

Several members of the Dean Search Committee met in mid-August for preliminary interviews of two candidates for Dean of Academic Affairs. The purpose of the interviews was to decide whether the two candidates should be invited to participate in more in-depth interviews with the full committee to meet members of the student body, faculty and administration, and in general, to indulge in more serious discussions of their qualifications and desires to become Dean at ICO.

One candidate was Donald G. Pitts, O.D., PhD who is professor of physiological optics at the University of Houston College of Optometry. Dr. Pitts, who expressed promising philosophy concerning the dean's responsibilities, possesses outstanding credentials. Included in his professional experience are private practice, practice in USAF hospitals, teaching, research, administration in the USAF School of Aerospace Medicine, and Associate Dean of the College of Optometry at Houston.

The second candidate, Willis H. Riesen, PhD, is currently the vice president for Academic Affairs and acting chairman of the pathology department at the Illinois College of Podiatric Medicine. His PhD is in Biochemistry, Medical Physiology, and he has taught that subject at Northwestern University medical school and at ICPM. Dr. Riesen has been instrumental in upgrading the curriculum at ICPM, including utilization of experts from outside institutions as instructors at the podiatry school.

On September 5, a conference call involving the full search committee resulted in a decision to invite both candidates back to participate in more thorough interviews. Time may be found in the busy interview schedules for the candidates to meet with the full student body.

If anyone has any further information concerning either candidate, please contact either me (Box 333) or Denise (Box 520).

Stew Smith, Denise Thanepohn
Student Representatives

T The following is a transcript of a document stolen from the depths of a guarded cave, where it was hidden to prevent the world from knowledge of its existence. Religious officials secreted the document because its contents contradict all current teachings.

The document was torn from the pages of CHIASMA, the SUNY State College of Optometry student publication. Its writing was attributed to Stuart Rappaport, the Class of '80 disciple.

From: The Book of O.E.P. according to Stuart Rappaport
Chapter 1, Verses 1 - 21
Axis 180

And the Plus Lens saw the suffering of the myopes and the great stress that was sorely laid upon them by the minus lens taskmasters. And the Plus Lens called to Skeffington from a flashing retinoscope, saying, "Skeffington, Skeffington."

And Skeffington said, "Here am I."

And the Plus Lens said, "I have seen the suffering of the myopes, and their great nearpoint stress."

And Skeffington feared to look upon the flashing retinoscope, for its halogen bulb flashed sorely bright.

And the plus Lens said, "Fear not the light, but behold my Glory." And Skeffington looked into the blinding light and beheld the likeness of a cross.

And Skeffington asked, "What is this that I see?"

And the Plus Lens said, "This is the sign of my Glory."

And Skeffington laughed within him saying, "This is only a presbyopic lens symbol."

And the Plus Lens' wrath was kindled against Skeffington, and the halogen light shone brighter. And Skeffington screamed, "Forgive me, oh Plus Lens, for I understand not of what use you are, except for the aged."

And the Plus Lens said, I will release

all peoples from their stressful bondage. You are my Chosen Prophet and your disciples will be my chosen people. You must declare liberty from stress throughout the lands. You must always prescribe, 'Plus.'

But Skeffington was afraid and said, "What if my colleagues refuse to accept you as their Lens, and they turn against me?"

And the Plus Lens answered, "Then my wrath will be kindled against them and against their patients, and I will not remove their patients from their burdens."

And then Skeffington fell upon his face and shouted, "Oh Plus Lens, show me Thy Glory!"

And the Plus Lens said, "These are my commandments that thou must follow and teach:

I. I am the Plus, thy Lens, who took thee out of the land of minus. Thou shalt have no other lenses before Me.

II. Thou shalt not take the name of Alexander in vain.

III. Thou shalt in no wise make a minus lens, neither in glass nor in hard resin. But thou shalt love the Plus, thy Lens with all thy heart, with all thy soul, and with all thy might.

IV. Remember thy subjective finding and keep it holy. Six points shalt quickly pass through, but the seventh point is a holy point to thy patient.

V. Honor thy father, Charles Prentice, in order to lengthen thy days in practice.

VI. Thou shalt not murder thy patient with undue stress.

VII. Thou shalt not steal Plus Lenses from thy neighbor's trial lens sets.

VIII. Thou shalt not commit adultery with Schlock.

IX. Thou shalt not bear false witness a minus practitioner. Only I will wreak judgment on him.

X. Thou shalt not covet the ophthalmologist's practice, nor his drugs, nor his mansion, nor his Cadillac, nor anything that belongeth to the ophthalmologist."

And when the Plus Lens had made an end of speaking, Skeffington looked up and there appeared the form of three 20/200 Snellen letters. And Skeffington said, "plus Lens, oh my Lens, I behold three letters, an 'O' and 'E', and 'P.' Of what significance are these?"

But the Plus Lens answered him not. And Neither did the retinoscope flash bright.

But Skeffington was not afraid, for his heart was filled with the knowledge of Plus, and his hands were holding a small black book. And the book contained the secret of the three letters of the Plus Lens.

BSK AWARDS RESEARCH GRANTS

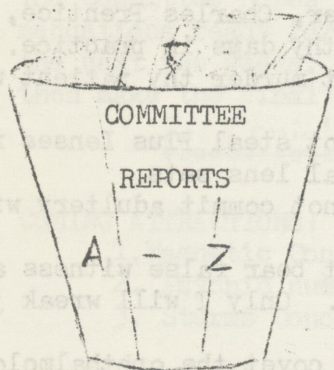
The Board of Regents of BSK, after reviewing twenty research applications submitted by student members at schools with chapters, recommended to the Central World Council funding of fourteen. The following ICO research teams received funding: Barry Pasco and Randy Prestash; Rick Judycki and Tony Garreffa; Jeff Newmark and Ken Stoller; and Ray Szczepanski, Claudia Springer, and Scott Kenitz.

#####

When your ophthalmoscope runs out of the Force, try two C-size batteries, available in the book store.

Compliments of Bill Lakin

#####



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DON'T FORGET THE 1979 ANNUAL ICO

FALL PICNIC!

SUNDAY SEPTEMBER 23rd

Lots of green grass and blue skies.
(Black and white areas will be available for monochromats.)

* FUN * GAMES * FOOD * BEER *

ACADEMIC COMMITTEE ADDS STUDENT MEMBERS

For the first time in its existence, students will be represented by two members on the Academic Committee.

The Academic Committee was formed in the absence of an Academic Dean to serve as an interim means of dealing with the academic program, faculty hiring, faculty-student ratios, publication policies etc. In the event a new academic dean is hired, it is possible that the committee may continue during the time the new dean is becoming oriented to the ICO environment.

The committee generally meets once a week. The 1979-80 membership includes Drs. Rosenbloom, Nelson, Schlange, Berman, Taylor, Wodis, Porter, Chino, R. Teshima, and two students recently elected - Steve Lancaster (fourth year) and Scott Jamieson (third year).

Last Year's description of the Academic Committee states: "This Committee has the responsibility of operating the academic program of the college. Matters relating to the organization and operation of the four divisions are considered and acted upon by this committee. The committee is also responsible for faculty recruiting and curriculum planning."

Academic Committee autonomy as related to any administration veto power cannot be determined, since the president sits on the committee in the capacity of chairman / dean.

Sources for the above information include committee members past and present, the president's office and the 1978-79 faculty newsletter.

Jerry Starchvick

Donna Higgins and Cindy Matteson are organizing a "Class of 1980" photo scrapbook. Those interested in aiding and abetting can contact either. Candid B & W's will be gratefully accepted.

2 2 2 2 2 2 2 2 2 2

Heard in passing: "Things sure have changed around here..."

"No - They have never been so MUCH the same!"

EDITORIAL:

PRODIGAL SON WANTS TO RETURN

It sounds like a fairytale turned sour: frustrated hero leaves the kingdom to seek his fortune by conquering the enemy. In any good fairytale he would do just that, returning to the kingdom in deserved glory.

But this is the real world, and as part of an optometry school, we live in the kingdom of ethical optometry. Dr. Paul Shulman left this little corner of the kingdom, and subsequently joined Weisser, purportedly to extend the boundaries of ethical optometry into the hitherto commercial environment.

Many doubt the motives behind Shulman's decision to join Weisser. Certainly the job description sounded excellent, but the compensation was also attractive. His reasons for leaving ICO last spring are largely based upon personal conflicts with administration over the number of hours he clocked as a full time faculty member, and over the assignments he received as instructor.

Shulman stated that he left Weisser when it became apparent that he would not be allowed to do what his contract promised. However, according to Shulman, Weisser is in poor financial straits, and it used Shulman's name and reputation to obtain lines of credit otherwise denied. Perhaps Shulman was merely leaving a sinking ship?

Now Shulman admits his error in judgement and seeks reinstatement at ICO. Undoubtedly, the decision will fall to the ICO president, since the Board of Trustees relies largely on his judgement in such matters.

Dr. Rosenbloom has had this under consideration since the third week of August; yet he is unwilling to release a statement due to the sensitivity of the issue. Shulman will need an answer by Oct. 11 - after that, he will simply go away to Florida where other options are open to him.

During his brief relationship with Weisser, Shulman coaxed eight other optometrists to join him, and he approached the Illinois Optometric Association about membership for the Weisser optometrists. Since it appeared that Weisser was upgrading quality of services through continuing education and news letters to the IOA, according to Shulman, was receptive to the idea!

This brings us to a critical issue facing all of ethical optometry - Is once a commercial optometrist always a commercial optometrist? Is the doctor who somehow manages to maintain high professional standards, while working for Weisser, or Pearl, or Sears, unethical?

It is easy to believe that Weisser practitioners under Shulman's direction could exhibit high standards of professionalism - should such optometrists be allowed to join the IOA?

Currently the IOA constitution prohibits membership to commercial practitioners, but this is in the process of amendment. The answer to the question could set precedent for the future. If any one group of commercial optometrists is accepted by IOA, all commercial practitioners in Illinois would have a good argument in favor of joining. In addition, no one can predict how long a commercial firm will concern itself with quality over profit. Weisser took less than three months before dollar signs again took precedence.

Typically, ethical optometrists as a group, and often as individuals, ignore the issue of commercial optometry, hoping that if they wait long enough it will go away.

If we wait long enough, Paul Shulman will go away - commercial optometry will not.

Cathy Cochran
Interim FOCUS editor

Editors note: The following pages contain letters to the editor and other forms of commentary. Views printed in the FOCUS are not necessarily those of the Student Association.

Many thanks to the following, who contributed in various ways to the production of this issue of the FOCUS: Melody Bradshaw, Chris Burgess, Joe Conigliaro, Rose Gregory, Donna Higgins, Walter Humble, O.D., Jim Hutchins, Jim Kriege, Bill Lakin, Carl Maschauer, John McDonald, Tim McMahon, Philip Ong, Mario Palermo, Anita Pearson, Randy Prestash, Rick Robenstine, Ron Roelfs, Rodney Schpok, Mark Shunta, Stew Smith, Jerry Starchvick, and Denise Thanepohn.

Future contributors should place articles, etc. in Box 127. Author(s) name(s) must be included but may be withheld from printing.

- CLC -

HUMOR AND ITS PLACE IN OPTOMETRY A Philosophical and Historical Viewpoint

I for one, and I'm sure there is another, wish to openly express my appreciation for all the work that went into the third year clinic orientation. Be assured that those efforts did not go unnoticed.

They were at first, however, overshadowed by what appeared to be (due to my own mental dullness) an outrageous example of unprofessionalism exhibited by some of the speakers. Reference is made to what in the beginning bordered on a hostile lack of respect for the students exemplified in attitudes, discussion content and a myriad of threats of harassment by "cut." I thought surely no one lacks such common sense as to attempt to establish dominance by methods analagous to those common to birds and rodents. This would only serve to alienate the vast majority of students. There are too many obvious faults in such methods.

But how did I come to know this? After very little reflection I realized two sources. First, the fact that I have lived among humans and other creatures for more than five consecutive years and second from reading chapter 12 in any Psych 101 text book. And that's when the concept of humor came to mind. It was a spoof! Of course an artfully portrayed spoof on the first half of chapter 12! Well done!

I was at first unappreciative because I had read the whole of chapter 12 including the last half which dealt with human behavior. The difficulty with practical application of psychology is that if everyone reads the same book they are less likely to be subjugated by its methods. Particularly such classic patterns as forced confusion (large numbers of unfamiliar forms) the appearance of great size and stature (standing on an elevated platform speaking through a loudspeaker) and bombardment by threats with unfamiliar weapons (cuts, double cuts, double double cuts, disciplining cuts, etc)

all much too obvious and much too arcaic to be effective.

This brings to mind a story of Indian folk lore - Trial by Snake. Those accused of hideous criminal offenses where confronted with a venomous snake and if the snake bit the accused, the accused subsequently died - he/she was assumed guilty and justly punished. An analogy may be made to the "Trial by Cut" If a student is judged to be an optometric criminal element he/she is confronted with a myriad of cuts and if they cannot be made up as fast as they are dolled out he/she is assumed guilty and justly punished.

The Indians have long since abandoned this practice as they have no humor. Fortunately the "Trial by Cut" remains. Unfortunately those who do not appreciate humor as I now do have developed a type of "anti-humor" based on firms who specialize in student rights called "Trial by Judge" an embarrassing and costly procedure.

So now if you see third year students who seem to be smiling out of context - it is merely the gift of humor glowing from within- or they've just been bitten by a snake. Names withheld by request

CLINIC STAFF EVALUATIONS

In the past, students have been asked to evaluate the effectiveness of various staff; however the result of these evaluations have not been made available to the students.

On the last page of the FOCUS is a questionnaire in which interns are asked to evaluate staff working with them in their clinic modules.

Return completed questionnaires to the box in the bookstore. A composite of the responses will be published in the next edition of the FOCUS.

Names withheld by request

248

(and counting...)

"WELCOME TO CHICAGO"

by Randy Prestash

As I look back upon it now, I truly believe it was one of my worst memorable moments at ICO. It is very easy to laugh now, but at the time I certainly didn't see any smiles.

Let me set the scene for you. As orientation day drew nearer, it seemed as though all the planning had paid off. All was proceeding very smoothly, without incident until the actual day of first year orientation.

After all the groups of students were organized with their respective group leaders, the program was under way. The group leaders were responsible for touring the ICO grounds with their students and in the afternoon follow up with a tour of the Chicago area of their choice.

In my particular situation, I found that last minute details included picking up the beverages that would be used at the Brady Hall party to be held that evening. As it turns out, four of my students were very enthusiastic about helping me pick up the beer and soda. I was more than happy to take them along with me, to Alco Drugstore on 35th and South Martin Luther King Drive.

I guess it was a chance for these unfortunate first year students to view life as it is just a few blocks from ICO. As we went in to pick up the order for 45 cases of beer and soda, we did receive a few interesting looks, but after all the things many of us have seen in our four years, those were not extraordinary.

Once the order was secured I drove my station wagon in front of the store on 35th street. Steve Pruett, Rich Garry, Jeff Smith, and Tom Dahlby then assisted in loading up the car. Again we received some stares and even a few comments regarding the 45 cases that everybody else wanted.

We quickly finished the loading and proceeded to get out of the glare of the shiny new cadillacs and threatening smiles. Because my car was so loaded, everyone rode with Jeff Smith except Steve Pruett. Steve decided he was brave enough to

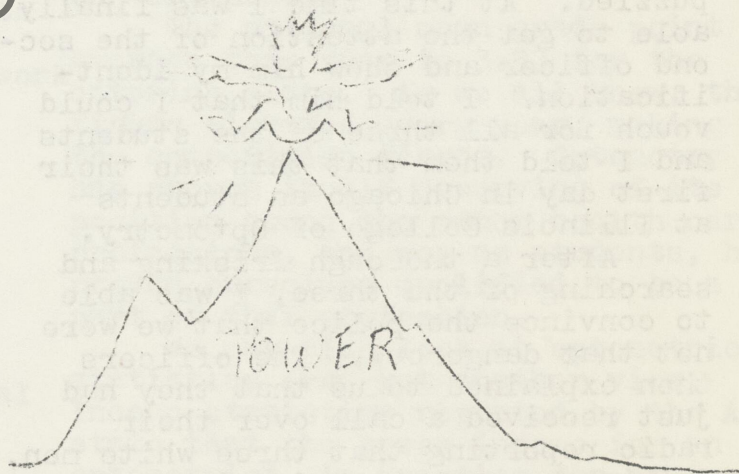
ride shotgun for the load of beer. Jeff Smith had an orange Monza that followed along with Rich and Tom.

We proceeded into the intersection of 35th and King Drive. Traffic was heavy, so we waited in the middle of the intersection to be able to turn north onto King Drive. As we were waiting, the light changed to yellow then red, before we could move. Since we were "trapped" in the middle of the road we had no choice but to go through the light.

We were on King Drive going north no more than thirty feet when the Chicago Police Squad car came screaming down on Jeff Smith and his passengers. I looked back in my rear view mirror, and saw the blue lights and assumed that Jeff was about to get his first traffic violation in Chicago for running a red light.

Rather than pull over on King Drive, in a no parking area and risk a ticket myself, Steve and I pulled the car loaded with beer on to the first side street. I knew Jeff and Rich and Tom had thought that Steve and I were going to leave them behind so I ran back to their car as soon as I parked the beer depot. Steve was a little concerned about sitting alone with 45 cases in such a wonderful neighborhood, but he had little choice.

continued on next page . . .



"Welcome to Chicago"(continued)

8

As I ran up to the car with Jeff, Rich, and Tom, I saw that the two officers had all three out of the car and were frisking them rather roughly. As I got closer I could hardly believe it, the officers both had their guns drawn. One officer instructed me to stand back so I wouldn't get hurt.

The other officer had the gun pointed to the head of Jeff. At this point my jaw dropped, eyes opened wide and I felt shocked with disbelief. I am sure that Jeff, Rich, and Tom felt quite a bit worse.

Their knees were shaking so much that I could hardly believe any of them could stand much longer. Their faces were colorless and the expression of fear was unmistakable.

The second officer was slowly drawing closer with two hands on his gun, aiming it alternating on the heads of the other two leaning against the car. Jeff attempted to ask the officer what reason he had for this search. But before Jeff could finish his question, the officer smashed Jeff back against the car and told him in a rather vulgar way to shut up. Jeff quickly responded by shutting up.

The officer then made a comment about the three, trying to call them cop killers and we were all very puzzled. At this time I was finally able to get the attention of the second officer and show him my identification. I told him that I could vouch for all three of the students and I told them that this was their first day in Chicago as students at Illinois College of Optometry.

After a thorough frisking and searching of the three, I was able to convince the police that we were not that dangerous. The officers then explained to us that they had just received a call over their radio reporting that three white men, driving an orange mazda with Wisconsin license plates, had just kidnapped a Wisconsin police officer and his girlfriend.

The report went on to say that the woman had been raped by the three men and the officer had been shot. The report said to proceed

with caution because the three were heavily armed. Next the report said that these men had been seen in Chicago. The description fit perfectly and therefore the resulting incident took place.

With the whole thing finally over, the police asked us what we were doing in this part of town in the first place? We looked at them and said we go to school just a few blocks away from here. The two officers looked at each other, shook their heads and said, "That's too bad," then turned and walked away.

Jeff, Rich, and Tom got back in their car and said "We've had enough of Chicago, please take us back to the dorm!" I turned to them and said "Welcome to Chicago."

GIVING CREDIT WHERE DUE:

COMPLIMENTS to Dr. Schlange for changing pediatric clinic hours to match intern schedules. Someone actually heard student input!

COMPLIMENTS to Dr. Shansky and Barry, you are shadows of your former selves - good going!

SHORTSIGHTED award to Dr. Taylor for changing clinic policies without properly notifying interns of the change!

SHORTSIGHTED award to Dr. Paul Shulman for thinking he could make a commercial place ethical (or for believing we would believe him)!

and withheld by request

It's amazing how lax attitudes toward commercialism have become at ICO. The number of ICO students who have worked in commercial optometric establishments is frightening. It's always under the guise of:

"But I can't find work anywhere else"

"The money's good"

"It's good, practical experience"

It seems to have become accepted to have a part time job at Sears, Four Eyes, or Optical Boutique. The positions are coveted jobs routinely passed on from one student to another.

I've even heard ICO students refer fellow students and relatives to these places for "good deals" ("I'll check your glasses for you to make sure they're OK and if not you can just return them!")

Any patronization of these establishments, even if you're "only" a dispenser; even if you buy only one frame on sale; even if you send only one friend to have an Rx filled is just one more bastardization of your profession.

It would seem imperative that the faculty from whom we learn our profession take a stronger stand on this issue. At the present time students openly discuss affiliation with commercial optometry while faculty members stare blankly into space.

If a student truly desires work in the profession of optometry, the jobs are there. Granted, it may take a little more searching and a bit more incentive but the opportunities are there.

Recently Dr. Mizener of the Illinois Optometric Association spoke to the fourth year class about a program which matches students needing jobs with ethical optometrists needing assistants. What more could one ask for?

It would seem that the time has come for staff members to start expressing a few opinions on this subject. The time has come for students to start showing a bit more professional integrity.

After all, how far away are we from the day when working at Pearle Vision will be accepted after graduation - or are we there already?

Names withheld by request

VISIONS OF SUCCESS

by Randy Prestash

Throughout our optometric education we are taught the many theories and skills related to our profession. Indeed, I would go so far as to say that our clinical experience places us in a category of professional excellence. We also gain a knowledge of practical management, which is supplemented by recommendations from various faculty and staff. All of these things are valid and necessary, yet in the total assessment I feel something which is very important hasn't been adequately stressed. We must give consideration to those things which may be called "Aspects of Personal Practice Management."

The first part of this personal assessment deals with an overall look at the statistics of an optometry student. Every year, approximately 7500 individuals take the OCAT on a national level. When this is compared to the 1100 seats available for each year's new entering class, the ratio of applicants per seat is approximately 7/1. I personally find that it should make each and every one of us very proud.

The national mean grade point average this year is 3.33 for the entering class. As we all know, this figure elevates every year, making the competition fierce. Optometry has proven itself deserving of its position among the other health care professions, and we, as students, have proven ourselves qualified to be a part of that profession.

We may also look at optometric statistics from yet another view. Income statistics reported by the AOA state that the gross income for an optometrist, in practice for at least five years, averages at \$95,000 nationally, with a net income of \$38,000. Indeed these are averages, but they do indicate a trend toward being very comfortable. The average work week is between 35 and 40 hours,

which I also find to be reasonable. The second part of the assessment requires us to re-evaluate our position among the statistics. For the first year students this is not very difficult. They still have a vivid memory of their application process and interview. For the second year students it requires more thought to remember all the details. Besides, the national boards now take on a new meaning, since it is their first chance for a close encounter.

By third year, the aura of the clinic surrounds the majority of the students and more concern is placed on the first presbyope or contact lens fit. And by fourth year the list of priorities has no room for recalling those dark days of the past when we interns were mere applicants.

The encroachment of this disease known as student apathy is very widespread social problem. Many students become disenchanted with the profession because they expected to do better academically, or just plainly do not realize where we stand.

These feelings can be easily dispelled if we stop to realize our position. Think of the number of applicants who would give nearly anything to be in your "shoes".

The ranking of the classes is perhaps one of the most misleading figures ever printed. Granted, you may be in the lower half of your class, yet the lower half is still so much higher than all of the applicants who never made it. The scaling procedure is taking the small percentage of accepted students, and spreading them out over an extended range from A's to F's. Of course we only compare ourselves to our colleagues, but by doing just that we allow ourselves to devalue our own position. It is imperative then, that we make the effort to reassure ourselves, humbly, of our position among the statistics.

It now becomes important to realize that we all have essentially the same background for success. Success according to the classical definition is to achieve

ones' goals for prosperity. Success can also be measured in conventional terms, money, political power, prestige, etc.

From an optometric standpoint success can mean feeling rewarded by helping others, acting as a primary health care provider, or being a controlling factor in the proper visual development of an individual. In essence, success can be whatever you desire.

The next question is "How can we develop this attitude of success?" Surprisingly enough, the answer is very easy. First of all, the statistics prove that optometrists are already in the category for success. If you don't believe this, ask any banker who handles the account of the local optometrist.

Secondly, the conventional measures of success say that we are in the right place at the right time. The need presently exists for more qualified health care professionals across the nation.

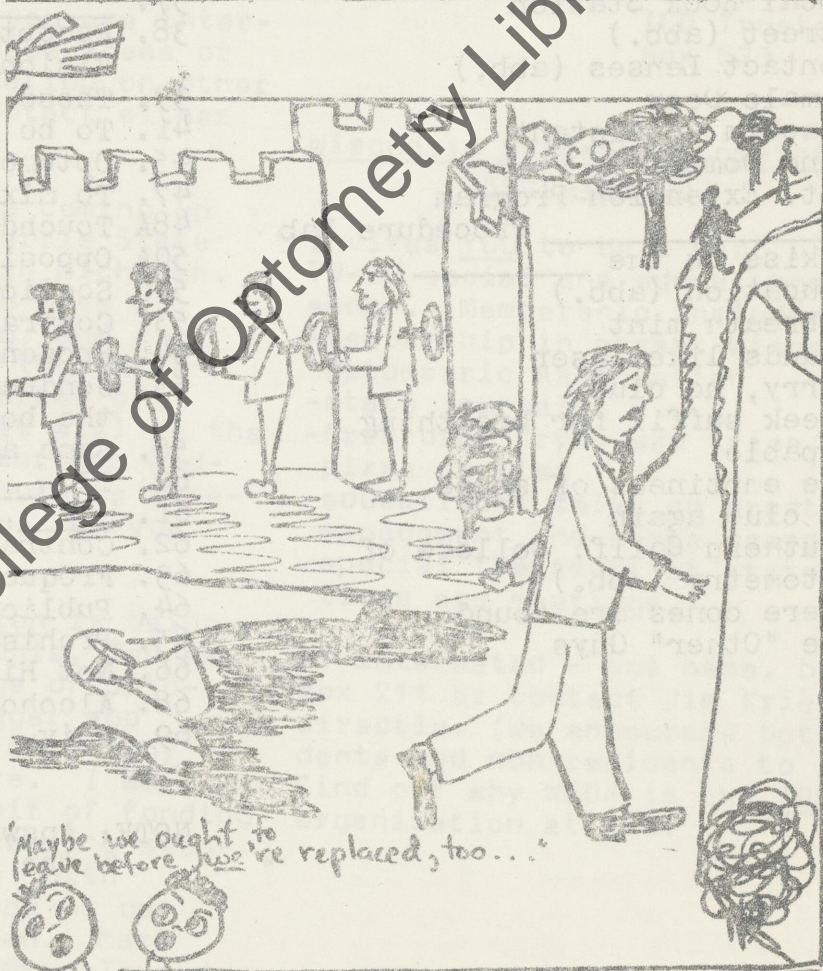
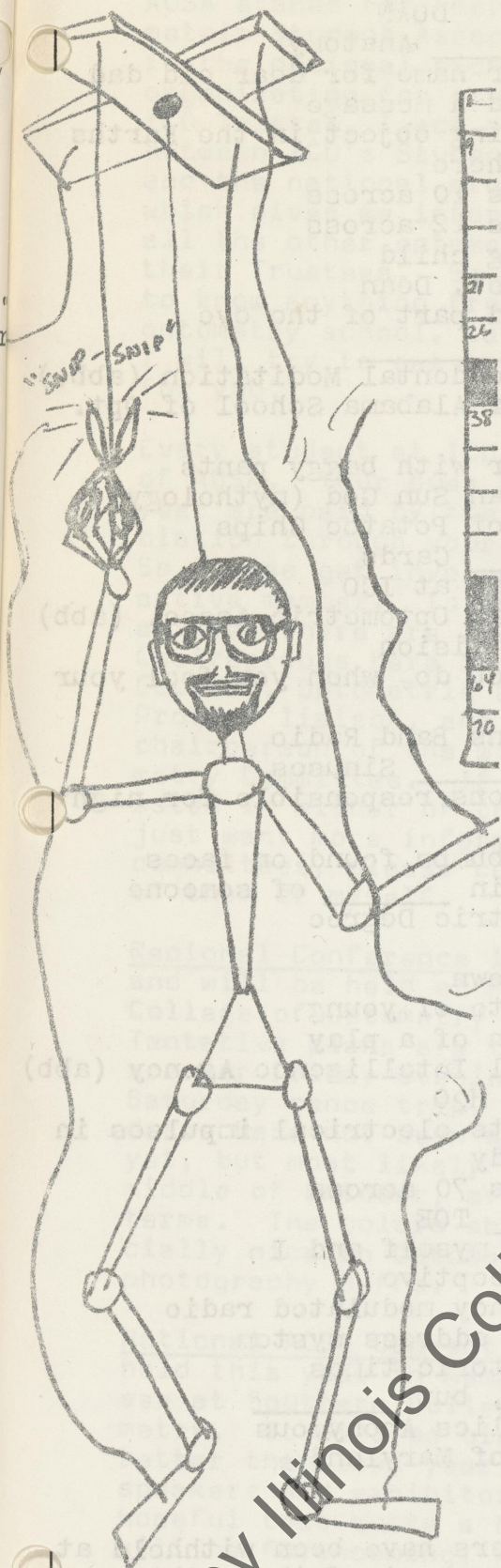
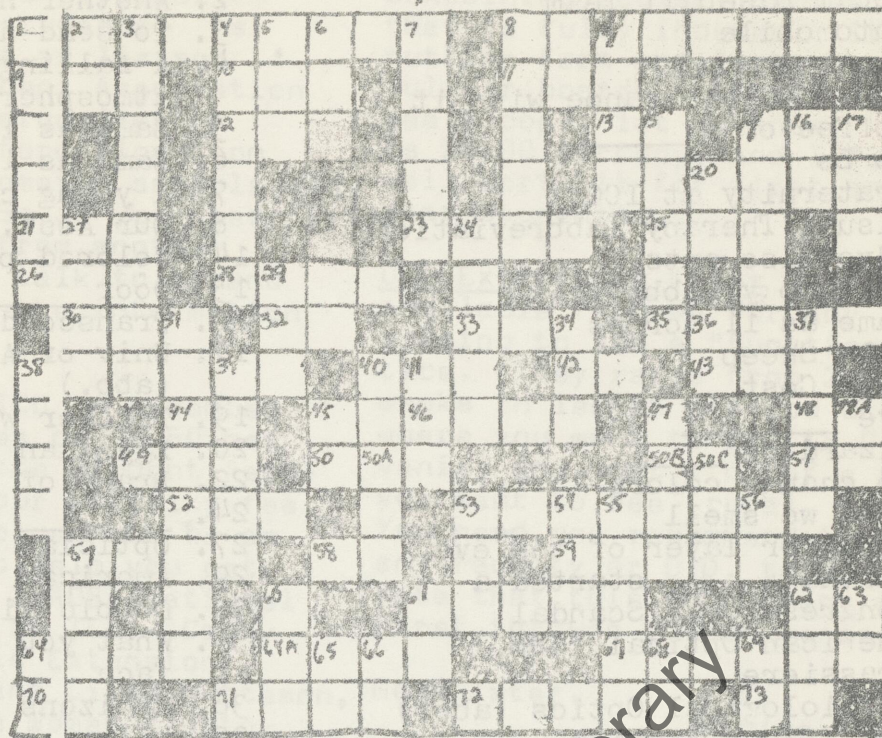
The next part is the easiest, yet appears to some to be the most difficult. We must view success as a journey and not as merely a destination. If we believe this, we can begin to enjoy the benefits immediately.

In order to make success a journey, you must do the following:

- 1) Believe in yourself and in the profession. That shouldn't be so difficult considering all the time and money you have already invested to get to your present position;
- 2) Develop a Positive Mental Attitude and believe in what can be done by your powers;
- 3) Set your goals and make a plan to achieve those goals;
- 4) Have a true desire to help others through an ethical and professional manner. This is perhaps the most important, for without it your success will most certainly be incomplete.

It is very obvious to me when I talk with faculty, staff, and my colleagues whom I respect, that they possess those qualities mentioned above. And by example, I believe that anyone who adheres to the principles of ethics and professionalism, will find in their future, visions of success.

CROSSWORD by Carl Maschauer



FAREWELL!

'Maybe we ought to leave before we're replaced, too...'

FOCUS CROSSWORD PUZZLE CLUES

Across

1. Our Profession
8. Local Baseball Team
9. Automobile
10. What we study
11. You paddle a canoe with it
12. Coffee or _____
13. To Be
14. Fraternity at ICO
18. Visual Therapy (abbreviation)
21. Advertisements
22. Histology (abb.)
25. Same as 11 across
26. Male Sheep
28. Avg. Cost
30. Eye _____
32. Wizard of _____
33. To change colors
35. What we smell
38. Receptor layer of the eye
40. Martha _____ started a Congressional Scandal
42. American Optical (abb.)
43. Brassiere
44. Physiological Optics (abb.)
46. Local Rock Station
48. Street (abb.)
49. Contact Lenses (abb.)
50. Female Deer
- 50B Teaching Assistant
51. Anno Domini
52. Opt. Extension Program
53. _____ Procedure Lab
57. A kiss on the _____
58. Education (abb.)
59. A breath mint
61. Sounds like laser
62. Sorry, no clue
64. Greek suffix for breathing
- 64A Capable
67. The emptiness of space
70. No clue again
71. Southern Calif. College of Optometry (abb.)
72. Where cones are found
73. The "Other" Guys

DOWN

1. _____ Anatomy
2. Another name for dear old dad
3. To send a message
4. A falling object in the Earths atmosphere
5. Same as 10 across
6. Same as 12 across
7. A young child
8. Our Asst. Dean
14. Colored part of the eye
15. Door _____
16. Transcendental Meditation (abb.)
17. Univ of Alabama School of Opt. (abb.)
19. Teacher with baggy pants
20. Egyptian Sun God (mythology)
22. Brand of Potatoe Chips
24. _____ Cards
27. Optician at ICO
29. American Optometric Assoc. (abb)
31. Double vision
34. What you do when you feel your face
36. Citizens Band Radio
37. _____ Sinuses
38. Receptors responsible for night vision
39. Those bumps found on faces
41. To be in _____ of someone
45. Optometric Degree
47. To mix
- 48A Touchdown
- 50A Opposite of young
- 50C Section of a play
53. Central Intelligence Agency (abb)
54. Frozen H₂O
55. Conducts electrical impulses in the body
56. Same as 70 across
60. TIC _____ TOE
61. _____, myself and I
62. Contraceptive
63. Frequency modulated radio
64. Public address system
65. Prehistoric times
66. Not Hi, but _____
68. Alcoholics Anonymous
69. Univ. of Maryland

NOTE: Answers have been withheld at the request of the author.

AOSA News

AOSA stands for American Optometric Student Association, and is the national professional organization for students. As ICO Trustee, I act as liaison between ICO's Student Association and the national organization which gives me information from all the other optometry schools and their Trustees. So if you need to know anything from another optometry school, talk to me and I will try to get the information for you.

Every student at ICO is a member of AOSA. Your dues of \$6.50 per year are paid by the Student Association through your activity fee. So please get involved and be an active member. To help you get active, there are 2 AOSA National Chairpersons here at ICO: Cathy Cochran, Optometric Extension Program liaison, and Cindy Matteson, chairperson of the Women's Optometry Committee. If you are interested in either of these areas or just want more information on other committees, please contact either of them or myself.

Regional Conference is coming up and will be held at Ferris State College of Optometry in Michigan. Tentative plans are to have a speaker Friday evening, and a Saturday canoe trip. The exact dates have not been worked out yet, but most likely it will be the middle of October, after our midterms. The colors should be especially nice in October, for you photography buffs.

National AOSA Convention is being held this year in Memphis, Tennessee at Southern College of Optometry. It will be bigger and better than last year with many speakers and exhibitors. I am hopeful that quite a bit of funding will be forthcoming, keeping student cost at a minimum. With Memphis so close, I hope we can charter buses to go down. Mark the dates on your calendar--Thursday through Saturday, January 10-12.

Boards are coming up and AOSA is planning to help you. Southern College of Optometry has come out with a Synopsis of Ocular Anatomy, containing ocular, neuro, and histo, that is fully indexed. It is in outline form and looks really helpful for boards. If you want to see a copy, let me know. The cost is \$5.00 per copy, and I feel it's well worth it for first and second year students.

OEP Externship Forms are still available from me for any student wishing to see a "functional" practice. They range from 2 days to 2 weeks in length and you can specify where you want to go (ie Pennsylvania) and what kind of a practice you want to see (rural, solo, etc.) You need one recommendation from any faculty or O.D. to participate. Note that this is for any student--first through fourth years.

More later.

Denise Thanepohn
ICO Trustee
Box 520

Wisconsin Student Optometric Association

Invites YOU to be a part of their 79-80 social and educational calendar. Membership includes:
-membership in parent Wisconsin Optometric Association
-state journals
-free brat frys, ski trips, beer pizza parties
-educational talks on practice management and state boards
-special treatment at state conventions and meetings

If interested - put name, box # in box 211 or contact Jim Kriege directly. (We encourage both residents and non-residents to join.) Find out why WSOA is the TOP organization at ICO.

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SVOSH Has Busy Year Ahead

The ICO chapter of Student Volunteers in Optometric Service to Humanity is embarking on its fourth year as an organized group, with plans for continued growth and involvement.

SVOSH is a service organization working in conjunction with several state VOSH organizations to provide eye care to the very poor and underprivileged throughout the world. The role of optometry in providing eye care in this humanitarian fashion has gone a long way in strengthening optometry as a dynamic health care profession.

Last year fourteen fourth year interns had the opportunity to travel with various state organizations to such third world countries as Haiti, Honduras, and Mexico. In addition, for the first time, SVOSH sent many first, second, and third year students on domestic screening and educational missions to rural Appalachia and several Indian reservations in Minnesota.

These trips proved to be priceless for all students involved, both in terms of professional growth and personal satisfaction.

This year, the challenge facing our group is formidable. We have received commitments from state organizations for almost twice as many overseas trips as last year, and we plan to continue this year with the domestic missions for underclass students.

We have also compiled a slide presentation which can be used by any SVOSH member for talks to hometown Lions Clubs, 4-H groups, local optometric societies, and other organizations.

In order to continue this work, we need your assistance. Each day during the lunch hour, the Ophthalmic Optics lab is open for SVOSH to prepare ophthalmic materials for

the foreign trips. To become involved in SVOSH, you need only to come during the lunch hour, and one of our members will help you begin.

First year students in particular find SVOSH a good source of exposure to basic vision care and such fundamental skills as hand neutralization, eyeglass frame adjustment and repair, and lensometry.

SVOSH is a service organization made up of students who are dedicated and willing to work hard to promote quality eyecare to the less fortunate.

If interested in our group, or if you have any questions, feel free to contact one of the officers for 1979-1980 either in person or by dropping a note in their mailbox.

Co-Chairmen Chris Burgess Box 578
Best Moritz Box 390
Secretary Sandy Block Box 458
Treasurer Mark Bozek Box 525
Historian Claudia Springer Box 546

by Chris Burgess

Introducing The New and Improved
Pennsylvania Club

We invite all Pennsylvanians and other interested students to a get acquainted party Wednesday (9-19) 8:00 pm at Brady Faculty Dining Room. BYOB

Contact Lens Society

The contact lens society announces the following lecture dates:

- (A) September 19, Wednesday at noon
WJ speaking on fitting the Durasoft. (Bring your lunch)
- (B) September 26, Wednesday at 7:00 pm, B&L speaking on their new fitting techniques. Beer and pizza will be served.

CSIOA

Are you from Illinois? Are you thinking about practicing in Illinois? Do you want to meet O.D.'s in this area? Do you enjoy going to fun conventions? If you answered yes to any or all of these questions, you should join CSIOA, the Collegiate Society of the Illinois Optometric Association. For a mere \$5.00 in membership fees, we will keep you abreast of all the changes going on in our state, and will help you get to know the state organization and the O.D.'s involved.

That same \$5.00 entitles you, yes, you the member, to attend marvelous seminars and hear great speakers such as Dr. Getman, Dr. Bucar, and Dr. Mizener and other celebrities. Your \$5.00 helps us to continue to actively support the IOA/AOA placement service (you do want a job after you graduate, don't you?). Join now, so that you won't be refracting in the streets, later!

And then there's the convention. October 27 through the 31st. Your \$5.00 allows you to join one of the infamous IOA convention car pools. Yes, you the member will be able to sign up to go to the wonderful town of Champaign, Illinois for an educational and social experience you will never forget.

This may be your last chance, so join NOW. (Sorry, we do not take VISA or Bank Americard.) Put your check, money order, or CASH, along with your name into Box 14. Hurry, before it's too late! Invest in the future of optometry. Join CSIOA.

(This political announcement was sponsored by the "We want alot of members in CSIOA Committee." Void where prohibited by law.)

Denise Thanepohn
V.P. for Public Info.

PHI THETA UPSILON

Few methods exist at ICO where members of all four years can get to know one another. However, Phi Theta Upsilon (PTU) makes these class interactions possible. This organization is a national optometric fraternity having chapters at various optometry schools across the country.

Here at ICO, the Alpha Zeta Chapter has been active for many years. Parties are a large part of the PTU happenings, but such things as a Casino night, a dinner/theatre night, a wine and cheese evening, and a spring bar-beque have also been successful. Last year saw the initiation of the PTU Alumnus of the Year Award presented during the spring honors assembly.

Community involvement is also important as PTU members have traveled to area schools and organizations speaking about eye care and optometry.

The 1979-1980 year looks to be even busier. Under the leadership of President Fred Kahle, Vice-President Donna Higgins, Secretary Cindy Makovic, and Treasurer Rodney Schpok, many new activities have been added to the annual events. Already planned for Sept. 16 is PTU day at Marriotts Great America. Other ideas include a Wisconsin ski trip, Greek night, a square dance, an overnight campout, a tobagan party, and theatre packages.

Taking a very liberal approach to fraternity involvement, PTU keeps the dues low preventing that age old feeling of "not getting what you paid for" that plagues so many other fraternal organizations. And by being continually open to suggestions by all members, involvement of everyone is assured.

(cont'd next page)

In short, PTU is a fraternity serving the needs of the student, providing social and professional communications between classes, faculty, and the community.

Interested students can contact the PTU officers.

by Rodney Schpok

Senior Research Surveys Recent Graduates

For our senior research project we conducted a survey of the graduating classes of 1978 & 1977, respectively one year and two years after their graduation. We felt the information gathered would give prospective graduates some answers to our contemporary questions. Although not yet completed, we thought a sample of our responses might be of interest to the students at ICO.

* # of returned surveys 121
* All persons surveyed were ICO graduates.

1. Sex-	Male	90
	Female	11
	No response	20
2. Age-	24-27	65
	28-31	26
	32-35	5
	over 35	3
3. Marital Status-	Married	69
	Single	31
4. Type of practice	Solo	38
	Partnership	46
	HMO	2
	Military	10
	Commercial	7
5. In regard to VT-	Simple cases only	34
	Difficult cases also	36
	Do not practice VT	30

* Simple cases (High phorias/
Accommodative problems)
Difficult case (Tropes/amblyopes)

7. Do you feel that the educational background received here at ICO was -

More than adequate	21
About right	50
less than adequate	29
8. How long does your typical eye exam last? (Time that you spend with the patient)

10 min or less	1
10 - 15 min	2
15 - 30 min	35
30 - 45 min	50
more than 45 min	12
9. Any advice or comments for new graduates-

"No matter what the price, remaining in an ethical practice is of paramount importance."

"Find out the mode of practice that would keep you most happy, then go after the location. There is alot that can be done with our profession."

"Do not join the army as an optometrist."

"Starting cold solo today or in the future without capital backing of between 75-110,000 dollars is next to impossible. You CAN-NOT get credit without a job or proven income."

"Be prepared to learn more about optometry in your first year of practice than your entire time in school."

"The optometric office is a business not a profession but the optometrist is a professional and must act accordingly."

"You seem to be very concerned about commercial optometry while HMO's are quietly transforming optometrists into technicians."

From Jim Hutchins, John McDonald, and Mark Shunta we hope you have enjoyed a peek into the future. Any questions about our survey, we will be happy to discuss. We do have much more information but as of yet, it is not all tabulated.

who made his job easier through cooperation, support and help, he would not have lasted seven years at ICO.

Looking back, Siegel said that he would have been more assertive, he would have "insisted that he report directly and only to the president, as stated in his job description" and that he would not have answered to the Board of Trustees, which he sometimes had to do when Members of the Board would call for information.

Siegel listed several accomplishments: First, he obtained acknowledgement that students are an important facet and should be represented on committees such as admissions. Second, student importance was acknowledged by the counseling that was provided. Third, he professionalized the financial aid department, and fourth, he made the admissions program noncontroversial and professional.

Siegel noted that his developmental orientation toward student services runs counter to the philosophy of this institution. As happens often in professional schools, ICO is not student oriented, although Siegel said that it has the best student services of the optometry schools.

The Search committee should "Pick someone like me," Siegel said. The new dean should not be a clinical psychologist or a "medical model man." The next dean of students, Siegel stated, should be "liberal outgoing, outreaching, and aware of the conservative aspects of this college," Siegel noted. In addition, the dean should be "open, willing to work and to spend a lot of time meeting with and knowing students. A strict bureaucrat might be comfortable here," Siegel added, "but would take away from the dean" the department has already made for students.

Laying out goals for the future dean, Siegel said he or she should strive "to include as many students on as many committees as possible, to activate the idea that a student should sit on the Board of Trustees (Siegel believes there is an Illinois law to that effect), to let other administrators know where he stands on student issues and to find out where there is total support, and lastly, to get as many support staff as possible to get the

In addition, the future dean should try to interact thoroughly with the student association for the purpose of leadership development, Siegel noted.

Siegel expressed appreciation that he had been allowed to develop student services to its current level, and for the opportunity to pursue further education during his seven years. He regretted, however, that the initial support he was given seemed to dry up in recent years.

ORIENTATION 79

by Randy Prestash

The first year orientation program this year was an excellent way for entering students to see ICO and Chicago as they really are. Each student was matched with a group leader from the same approximate home state region, to enable students to get to know others from their home state and to get information pertinent to their own particular situation.

Each group of students, headed by a fourth year student, had the opportunity to tour the ICC grounds and ask any questions they may have had. Later, after a free luncheon at IIA, the groups dispersed all around the Chicago area. In the evening, a party was held for all new students, group leaders and friends.

The success of the program is the result of all the efforts of the fourth year group leaders. They spent time in meetings regarding the orientation. Throughout the summer, many assisted in gathering the materials distributed in the information packets. Each of the leaders displayed concern and a truly professional attitude in dealing with the entering class. I am very appreciative for all assistance I received from everyone. Without the support of the group leaders, the program would be so very incomplete. I hope this trend continues in the future, for this concern in our profession can only lead to future strength.

Once again, I'd like to welcome the first year class, and on behalf of the group leaders and upperclassmen, offer our support in your future as a professional.

WESTSIDE VA:
 INTERN CLINICAL CLERKSHIP
 by Timothy T. McMahon

The six-week clinical program at the Westside Veterans Administration Hospital, under the supervision of Drs. Stelmack and McCormack, fills a needed void in the current ICO curriculum. The program's purpose, which it achieves, is to present to fourth year interns the opportunity to 1) take part in hospital-based optometry, 2) gain experience in aphakic patient care, 3) work with low vision patients, and 4) witness firsthand, rather than from textbooks, a healthy portion of systemic and ophthalmic diseases.

Cooperation between optometry and ophthalmology was remarkable. Rapport with other sections of the hospital was also good and getting better. It seems the medical community needs to learn a good deal about optometry, as we as a profession need to know more of the medical community.

Two interns spend 6 weeks (Monday thru Friday) in the inpatient eye clinic and, at times, in the outpatient medical center, depending on the day's case load. The hours are from 9 to 5; occasionally a bit longer.

Particular emphasis was placed on the process of working up refractive and pathological conditions in a concise manner, describing findings accurately to others, and proper management of the conditions. Goldmann perimetry, Goldman tonometry and gonioscopy were frequent procedures as well as binocular indirect ophthalmoscopy.

Interns also gained experience in fitting and following extended wear contact lenses in aphakic patients.

The inpatient clinic is composed of an optometry exam room stuffed with an abundance of equipment and two ophthalmology exam rooms, one serving also as a minor surgery room. Conditions are a bit cramped at the moment for the

optometry section, but the outpatient clinic now is being renovated to allow for more room.

In a short amount of time, at the VA, I became aware of the distinct need for optometry within the VA hospital structure and the positive educational benefits in this program. I recommend it most highly.

FIFTH ANNUAL

ICO EQUIPMENT FAIR

Wednesday October 24
 8am - 5pm

Examine
 EXAMINE ALL TYPES OF
 OPTOMETRIC EQUIPMENT!

GROUP ORDERS POSSIBLE...

Direct questions or suggestions
 to Robert Nyre Box 279
 Roger Trudell Box 48

SHULMAN RESIGNS (continued from p.1)

"and this brought the college into the public eye. The exposure...didn't cost ICO any money; yet it received notoriety and over \$35,000 in donations by these programs.

"I felt righteous in doing something good for the school, but lacked support for this valuable exposure.

"There was probably a good deal of animosity and jealousy involved," Shulman remarked. "After all, I was getting a good deal of identity and notoriety, and enjoying the benefits of being a national educator.

"I put hours in, and, in addition, done writing and publishing which other staff didn't do," Shulman continued, "and I feel I met my commitment above and beyond..."

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(continued from page 18)

Shulman stated that the final straw came in April or May when he was questioned about making up the hours he missed in the ocular pathology lab. This, he felt, was personal harassment.

Shulman resigned then from ICO and planned to move to Florida. He had previously lectured during Symposia for Weisser Optical (as, Shulman noted, had also Drs. Hodur, Gailmard, and Hensen), and they had offered him a position as Educational Director. Until he resigned, Shulman felt it would be a conflict of interests to be employed by ICO as well as direct the educational programs at Weisser. However, he then notified them of his availability, and Weisser responded with an offer of Presidency and Educational Director. Shulman signed the contract June 1, 1979. Shulman denied any negotiations with Weisser before his ICO resignation.

Shulman presented his contract for inspection by the reporters. His job was essentially described as being that of improving and maintaining quality of vision care services provided by the Weisser professional and support staff, through continuing education seminars and newsletter abstracts and consultation.

It was Shulman's impression that he was "coming into this company to develop a professional core of people, having already accessible to them the best possible equipment... My role was purely and exclusively to do these specific things: to build competence, to build a professional image and to enhance the quality of the work that the individual doctor could... do."

Shulman changed the image of the company to reflect patient care and its quality instead of savings on ophthalmic goods. However, while he was gone for several weeks lecturing in South Africa, all the major commercial firms exploded with advertising, and Weisser felt the impact. It responded by switching back to an emphasis on sales rather than on excellence of care.

In particular, contrary to his contract, pressure was put on the doctors to prescribe glasses for all patients, and Shulman felt this contradicted a concern for quality care. In addition, Weisser complained that the rejection rate of finished prescriptions was too costly for them. Weisser also falsely began advertising frame and lens prices. Shulman also noted that Weisser had benefited from his name in buying time from creditors and in establishing accounts with firms such as Burton Burton Parsons which had previously not serviced Weisser.

Shulman therefore broke his contract with Weisser because he was not permitted to perform the duties he had contracted to do.

As for the eight doctors Shulman recruited, including some recent ICO graduates and his son, Avery Shulman, he felt he had unknowingly misled them. Two have already resigned and his son has inquired about his old job at ICO.

Looking back, Shulman said he had been "overly optimistic as to what the profession is ready to do... We are in a precarious situation professionally as to what impact consumerism and the FTC will, in fact, have" in the long run.

"My mistake," said Shulman, "was in being gullible to thinking I could change all this." "I'm not ashamed," he stated. "What I did at the time was the right thing to do. When I found I was wrong I responded accordingly."

Surrounding Shulman's position at Weisser was the issue of Illinois Optometric Association membership. Shulman stated that IOA officials seemed receptive to the idea of IOA membership for the Weisser optometrists. Since advertising is legal and not cause for ostracizing of professionals such as dentists and lawyers, Shulman analogized, why then restrict O.D.'s?

Now unemployed for the first time in thirty-two years, Shulman would like to be reinstated at ICO. He feels himself qualified to do almost any job: classroom or clinical instruc-

(continued from page 19)

tion, or administrative tasks. He is very concerned about the quality, or lack of quality in the recent graduates of ICO. He believes that ICO is no longer training clinicians, but test-takers.

Shulman would like to return to ICO; however, he believes he could go to almost any optometry school due to the need for experienced educators. Several educational consulting positions are also available.

Shulman has set a deadline of Oct. 12 for the school's decision. Realistically, he does not believe he will be offered a job here, so he will move to Florida to pursue options there. He wanted to clear the air and end the circulating rumors. He said, "At least I've had my day in court..."

METROPTIC SEEKS MEMBERS

ICO is a member institution of Metroptic, Inc., a national organization of over 600 optometrists and more than thirty optical companies.

The member approved optical laboratories and supply houses sponsor a public education program about optometry and the important role of the family optometrist in vision care and as a primary health care provider. The public information program includes coverage in "FAMILY CIRCLE" magazine, and programs on the "Today Show."

Metroptic maintains an analysis program to help companies provide the best possible products and services within a proper cost structure. No company can have approval if they perform opticianry or retail business of any kind, or misrepresent themselves in any way.

A one time \$25.00 registration fee is available to any student or faculty member. Then, any purchases from a Metroptic affiliated laboratory or supply house will result in a donation of five percent of the order payment to Metroptic. The money is used for pro-optometry public information programs.

ICO is a member institution, and many of its faculty are members. Thus, five percent of the money spends at affiliated companies is donated to Metroptic.

Join now! Start your optometric life doing business with those pledged to support optometry, and who actively back family optometry through a five percent donation from your billing. You can be responsible for thousands of dollars of the best of public relations for all optometrists. If you buy instruments from a Metroptic affiliate, that five percent can really mount up. Join now!

Applications can be obtained from Dr. Walter E. Humble, liaison between the IOA and Metroptic, and part-time ICO faculty member.

NOTICE: No smoking in the hall near the mailboxes. Smokers, please confine your smoking to the student lounge.

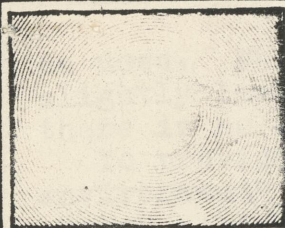
Please? - Amelia

WANTED: Volunteer artists and manual laborers to spruce up the pediatric clinic walls. The Alumni Association has donated the paint if we can find the talent. Contact Denise Thanepohn.

Wanted: Writers, artists, typists, and anyone with talent or energy to help with FOCUS. Contact Cathy Cochran, Box 127.

NEXT FOCUS DEADLINE WILL BE FRIDAY, OCTOBER 24.

NOTICE: The awards assembly has been rescheduled for Oct. 11.



CVHC

FOCUS

Sent to
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mbbs +
LT

YOUR EXCLUSIVE NEWSLETTER ON VISION CARE

Volume 1, Number 7

Carl F. Shepard Memorial Library
Illinois College of Optometry
3241 S. Michigan Ave.
Chicago, Ill. 60616

November/December, 1979

GOOD LIGHTING, GOOD VISION, GOOD SENSE

What saves energy, increases worker productivity, and is beneficial to employees? Proper lighting does all of this at the same time.

What office or factory wouldn't benefit from workers who could more easily see their work? In a recent article in Modern Industrial Energy magazine, H. Richard Freidan, P.E., reports on optimizing existing lighting systems to improve quality of lighting and efficiency in energy consumption.

While it seems obvious that good lighting conditions will improve worker productivity, tailoring lighting to performance of specific tasks may be overlooked. Mr. Freidan, who has designed at least twenty industrial lighting systems, stresses quality of lighting rather than quantity. For example, increasing the quantity of light in a work area may do little good if unnecessary shadows cause worker errors. Conversely, adding shadows where they are beneficial can make some errors easier to spot, as in the case of surface finishes.

The workers themselves must also be considered. Older workers will usually benefit from more light. Improved lighting in hazardous work areas can reduce the number of accidents. Better lighting can also improve worker morale as fewer errors are made.

Simply, workers who can see better are more efficient and productive.

A good visual working environment is important, but what about the cost of changing lighting to suit each work area? What about energy consumption? Mr. Freidan notes that while lighting systems are major energy consumers, it is possible to make a single change in existing lighting to improve both energy conservation and worker productivity. The reduced fuel cost and the increased output for the same labor dollar will quickly return the lighting investment.

Mr. Freidan suggests the following to improve lighting systems:

1. Clusters of lower wattage lamps can be replaced by a single higher wattage lamp. One 100-W lamp yields more light than two 60-W lamps, and uses 17 percent less energy.

2. High-efficiency fluorescent lamps yield 90-95 percent as much light as standard fluorescent lamps and have a 14 percent lower energy cost.

3. In some cases, high-pressure sodium lamps can replace mercury vapor lamps resulting in higher illumination levels and up to 50 percent energy cost savings.

4. High-pressure sodium lamps can affect the way colors appear. This effect may be undesirable, as in the case of color-coded stock. In such instances, metal halide lamps can

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ometry Library

be used. While these lamps are slightly less energy efficient, there is no color shift.

To provide the best "vision environment" for workers and cut energy costs, Mr. Freidan has two recommendations. Have your lighting system evaluated by an electrical contractor or a consulting illuminating engineer, and consult recommendations on particular lighting quantities for specific tasks published by the Illuminating Engineers Society of North America (IES). These are the only recommendations which have been established based on extensive research in American laboratories.

(With acknowledgement to Modern Industrial Energy magazine, September, 1979.)

. . .

"WITHOUT VISION THE CHILDREN WILL PERISH"

Highlights of CVHC's educational seminar.

Some 60 optometrists, optometric aides, and educators gathered at Sacred Heart University, Bridgeport, on September 19, to hear Dr. Howard Coleman's presentation on learning disabilities and vision in school children.

Howard Coleman, an optometrist from Rumsford, RI, is a noted author and lecturer. He holds a master's degree in special education and has devoted much time and energy to children with visual-perceptual problems and learning disabilities. Along with Donna J. Wendelburg, M.A., he authored "Without Vision the Children Will Perish, a Resource Guide for Children" (published by the Children's Perceptual Achieve-

ment Center and the Dyslexia Research Institute, Rumsford, RI, 1979). This manual provides complete and detailed information on the topics covered at the seminar.

Assessment of school children's vision:

Dr. Coleman regards the visual health of school-aged children as critical to their ability to learn. Consider how much learning depends on reading, and reading, in turn, on good vision. In an analysis of the vision of over 3,000 children, grades kindergarten through six, at a single Rhode Island public school, Dr. Coleman and his colleagues made several observations. Among these were that visual problems in school children seemed to be increasing more rapidly than previous studies indicated; that the incidence of farsightedness (hyperopia) is significant in children who must repeat grades; and that about 40 percent of parents did not seek the professional attention for their children as recommended.

In another study of grades one through six, the visual performance of children with severe language arts and reading performance deficits was evaluated. Almost 50 percent of these children were found to have visual problems that impeded learning. What's more, 30 percent of children with visual-perceptual problems pass routine vision screenings. Based on these results, Dr. Coleman suggests that some visual problems in children may be undetected or mislabeled. Indeed, he calls visual-perceptual problems "the hidden disability".

Dr. Coleman summed up: "Vision screening is an important, misused, misunderstood, and inaccurate factor in today's educational structure. Children with major visual deficits successfully pass many of the currently uti-

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(With acknowledgement to McGraw
Hill, Industrial Energy Magazine, Sep-
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lized screening techniques. ... A review of screening programs shows that quick checks are unreliable... The rapidly increasing incidence of vision problems in young children should force the eye care professions to implement a cooperative public health effort with education to safeguard the child's visual apparatus sufficiently to avoid impedance of the learning process."

Dyslexia:

A discussion of vision in school children invariably includes dyslexia, probably the most misused term in the eye care and education professions. While dyslexia is generally thought of as "word blindness", Dr. Coleman gives a more technical and widely accepted definition of the term. Dyslexia is a "clustered group of symptoms characterized by an apparent inability to learn to read when taught by usual methods in an individual with (at least) normal intelligence..."

In general, the dyslexic child cannot translate letters he sees into meaningful concepts, nor can he translate language sounds into letters. Dyslexia has many possible origins ranging from genetic disorders to visual system problems. There also are several types of the syndrome, determined by the predominant problem (i.e. visual, auditory, conceptual).

How do you solve a problem authorities cannot define to their own satisfaction, nor reach agreement on its cause? Since it is most generally agreed that dyslexia is a reading problem, Dr. Coleman urges awareness of skills necessary for reading, and honing those skills in children. It also is necessary to focus on the underlying causes of the symptoms exhibited by the dyslexic child.

Preventive procedures:

As with other disorders, pre-

vention of visual problems is the best treatment. Dr. Coleman offers the following suggestions to parents and teachers to safeguard children's vision.

1. All near vision tasks should be performed at a distance of about 13 inches, while sitting upright in a chair, under good light. (Materials should be illuminated three times more than the background.)

2. Never read or write in a moving vehicle or in bed.

3. Reading materials should be tilted twenty degrees from the table top. Use a stand, if necessary.

4. Limit the amount of time children spend watching television.

5. While watching television, sit upright, at least six feet from the set, with eyes horizontally level, and look away from the set occasionally.

6. Increase outdoor play activities as much as possible.

7. Look up from reading or writing every twenty minutes.

8. Teachers, especially, should avoid using green chalkboards and purple or bluish printed materials. Black is best in both cases.

9. Encourage proper grip on writing instruments.

10. If a child has prescription eyeglasses, make sure he wears them.

• • •

CVHC NOTES

Semi-annual Executive Board Meeting and Dinner.

The comfortable surroundings of the Easton Raquet Club and a delicious buffet dinner, provided by collective volunteer efforts, made a success of mixing business with pleasure, at the November 3

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VIDEO NOTES

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meeting of the Executive Board.

Highlighting the meeting, chaired by Dr. Jonas Zucker, was a gift to Dr. Frank Warren as he retired from the Board. Dr. Warren has been a member of the Board since its inception, and all of us at CVHC are grateful for his efforts and support over the years.

Dr. Michael Gorman also received a gift in thanks for his tireless efforts in the annual Citytrust Vision Cup Tennis Tournaments. Not one to rest on his laurels, Dr. Gorman has already set his sights on next year's tournament. A token of thanks was also bestowed upon Mrs. Sandra Landis for her efforts in organizing this and other special events.

A slide presentation on glaucoma, cataracts and retinal disease followed the awards. Dr. Zucker narrated the presentation, which was geared to non-optometrists. Since only one-third of the members of CVHC's Executive Board are optometrists, such a presentation helps the layperson to better understand CVHC's role in vision health care.

Dr. Gorman noted that CVHC, as a public health clinic, has screened approximately 10,000 people for glaucoma over the last seven years. The Center is the foremost glaucoma screening agency in Fairfield county and refers up to twelve percent of those screened for further treatment. CVHC has also recently become affiliated with the Connecticut Heart Association in its blood pressure screenings.

When one considers that it costs \$15,000 to 20,000 per year in taxpayers' dollars to provide care for a blind person, the importance of an institution like CVHC stands out. The best way to treat blindness is to prevent it; and the key to prevention is early detection. Major causes of blindness, such as cataracts,

glaucoma, and diabetic retinopathy, can be detected by an optometrist. CVHC is reaching out to serve as many people as possible with preventive visual health care.

NOTE: The retirement of Dr. Warren from the Executive Board of CVHC creates a vacancy that must be filled. Any citizen is eligible for nomination to the Board. Anyone interested in taking an active role in the functioning of the Center should send name, address and a brief biographical sketch to Mrs. Sandra Landis at CVHC. The next meeting of the Executive Board will include a vote on all nominations.

CVHC CALENDAR

November

- 14 - AAA vision and glaucoma screening, Hamden, Conn. Area optometrists will be participating with CVHC.
- 22 - All of us at CVHC extend our warmest wishes for a happy Thanksgiving to all of our readers.

December

- 2 and 3 - Educational seminar on practice management, Bridgeport Holiday Inn, Bridgeport, 9 a.m. Fee is \$175 and covers the optometrist and one assistant. Graduates of schools of optometry since 1976 pay discounted fee of \$75.
- AAA vision and glaucoma screening, Torrington, Conn. (Date to be announced.)

15-31 - HAPPY HOLIDAYS!

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12-31 - HAPPY HOLIDAYS!
Conn. (Hartford)
screening, 10 a.m. to 12 p.m.
HOLIDAY DAY, BRIDGE-
water, Conn. 10 a.m. to 12 p.m.
educational seminar on
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MAY, 1980

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SVOSH VISITS APPALACHIA

Nine SVOSH members recently conducted a vision screening and education program in two Appalachian communities in southeastern Kentucky. Members participating in the project were third year students Don Guido, Joyce Miller and Harriet Pelton; second year students Mary Murnik and Phil Ang; and first year students Kevin Blair, Bruce Gaynes, Mike Kline and Keith Umbel.

The first day was spent at the Redbird Mission Hospital near Beverly Kentucky. Approx. fifty patients were screened under the assistance of Dr. Steve Colwell, an alumnus practicing in Lexington Kentucky. While the screening was being conducted, Kevin, Bruce and Keith visited two elementary schools and gave educational presentations concerning vision and eye care to kindergarten through eighth grades. The kids (and teachers!) were truly amazed by the famous "hole-in-the-hand" trick!

The last two days of the trip were spent at the Henderson Settlement Mission in Kentucky. Area residents, mission personnel and seventeen children under the care of the mission received screening exams at the Laurel Fork Clinic.

"Off-duty" fun included sharing our dinner with a couple of friendly mice that welcomed us to our cabin the first night, taking showers in sulfur-contaminated water, packing five people into Don's Scirocco and nearly taking its bottom off driving on the back country roads,

(Cont. page)

THE HINES VA HOSPITAL AFFILIATED CLINIC

by Joe McAdams

In the last issue of the Focus, Steve Falk discussed the low vision externship at the New York Lighthouse. In this article, I will discuss the recently established affiliated clinic at the Hines VA Hospital blind center. This affiliated clinic is longer than most as it lasts for eight weeks, and involves 20 hours each week. Of course, being an affiliated clinic the program is free.

John Schaefer and I were the first interns to take part in the Hines program, and both of us felt it was a terrific experience. By the end of the program, most students feel they have a firm basis in low vision.

The blind center is part of the very large Hines VA Hospital complex located a few miles west of Chicago. The blind center itself consists of a single building which houses the various rehabilitation areas plus living quarters for up to thirty patients. The blind center at Hines is one of three in the country, and serves veterans mostly from the Midwest area. (All participants are screened, and must be certified legally blind to be accepted into the program. Most of the patients are there approx. six weeks.) The services provided include: a psychologist, a socialologist, a nurse, orientation and mobility, low vision, two shop classes, activities in daily living, braille and writing classes, a part time physician and access to other areas of the hospital as necessary. In addition there is ongoing research into new aids for the blind.

The first two weeks at the center are devoted to orientation to the

(Cont. page 3)

ALUMNI ASSOCIATION-STUDENT
REPRESENTATIVE REPORT

by Mark Wilkinson & Joyce Miller

A popular misconception among ICO students is that money contributed to the Alumni Association goes directly into the hands of the ICO administration. This is incorrect. Members of the administration seeking funds from the Alumni Association must submit a proposal to the Alumni Council. The council then discusses the overall benefit of the proposal and makes its decision.

The Alumni Council includes a student representative elected from the third year class each year in the spring. This person represents the student body at Alumni Council meetings held in the spring and fall. The student representative is a full voting member of the council and acts as a liaison between the Alumni Association and the ICO student body.

The question of how this association affects ICO students can best be answered by naming some of the projects recently funded by the Alumni Association.

- 1) \$1500 gift to assist ICO S-VOSH to assure ICO representation in VOSH projects in various countries.
- 2) \$1500 for partial assistance in traveling expenses incurred during the externship program.
- 3) \$1200 for the fourth year graduation banquet.
- 4) \$500 for the AOSA trustee and alternate to attend the AOA convention.

(Cont. Next Column)

ALUMNI REPORT (CONT)

5) \$150 matching funds for the ICO intramural program.

6) Clinic name tags for all second year students.

Other Alumni Association projects include the placement service, a \$62,000 mortgage payment each year, carpeting for the Alumni and Public Affairs offices, and matching funds for carpeting the Student Services areas as well as remodeling the clinic reception area. The Alumni Association has also financed the remodeling of the student lounge (which includes the stereo), the purchase of the electronic calculator for the Visual Science Department, and a sizeable contribution to establish the ICO Electrodiagnostic Clinic. From this it can be seen that the Alumni Association's main function is to provide financial assistance to make life at ICO better for all people involved.

On May 23 and 24 the Alumni Association Executive Committee will meet at ICO. Because this meeting falls near the end of the quarter, no specific meetings have been arranged between the council and the students, but the council will be available for informal discussion during the noon hour, both Friday and Saturday in the Brady Hall cafeteria. Should anyone have specific ideas or proposals for the Alumni Assoc. and would like their student representative to present them to the council, let us know.

The Alumni Assoc. is for your benefit. We have had two open
(Cont. Page 5)

HINES CLINIC (Cont.)

various areas. Although slow at times, this period exposes one to the various aspects of care for the low vision patient. It enables one to know what is available to the patient, and how it can help.

From the third week on, we spent nearly all of our time in the low vision department doing exams, observing, and helping patients learn to use both the low vision aids and their eyes as effectively as possible. Dr. David Sobkowiak is the optometrist in charge of low vision. He observed and aided with some of our exams, discussed cases with us, and generally talked about low vision. He also talked about his private practice where he specializes in low vision.

There are also two other instructors both of whom have masters degrees in orientation and mobility. They work with the patients in the use of the prescribed aids, how to use their eyes as effectively as possible and any other visual needs. A frequent procedure is teaching the use of an eccentric fixation point where the remaining vision is keenest. Some of the procedures used are adapted from visual therapy techniques.

Each session the patient is seen in low vision there are notes taken as to how well he performed with an aid, how he is progressing overall, how the patient feels he is doing, etc. There is also a constant reevaluation of needs, and changes are made as necessary.

(Cont. Next Column)

SVOSH (Cont.)

spending a morning searching for some beer in Tennessee since southeastern Kentucky is dry and celebrating Kevin's birthday around a campfire on the top of a mountain.

The trip proved to be a fun and worthwhile experience and it is hoped VOSH relations with the folks in Appalachia will continue next year.
Joyce Miller.

HINES CLINIC (Cont.)

Since the patients are at the center for six weeks in most cases, there is excellent follow-up from the first low vision exam. Also, there is good rapport between departments at the center. We would often suggest that the patient use his aid in other areas such as shop.

Infrequently, there were times when no patients were scheduled for low vision. This proved to be an excellent time to just "play" with the various aids. Almost every aid imaginable from trial lenses to CCTV's were readily available. We would compare the aids to see which ones had the largest field, range of focus, depth of focus, etc. We weren't given any formal lectures on the aids, but did get a lot of "hands on" experience.

There were some drawbacks to the program, being a VA hospital we saw no children. Even the pathology we saw was somewhat limited in that it was acquired later in life, either while in the service or later. There was always an ophthalmologic report available describing the pathology. Examples of the pathologies seen are: diabetic retinopathy,

(Cont. Page 4)

HINES (Cont.)

advanced glaucoma, toxoplasmosis, histoplasmosis, toxic amblyopia, retinitis pigmentosa, and senile macular degeneration.

Overall, this program gives an excellent opportunity to see comprehensive blind rehabilitation. The director and assistant director of the center are well known around the country for their work in blind rehabilitation, and are good sources of information. Finally, the people at the blind center are very nice. Everyone treated us extremely well. All in all it was a very good experience.

GOLDEN RULE

Dear I.C.O.,

I am writing this editorial to express my thanks to each and every one of you (students, faculty, administration, and support staff) for making the past year an enjoyable and rewarding one.

Due to everyone's efforts, the student association has realized the following important accomplishments in the past year:

- 1) More student representation on academic committees.
- 2) Student representation on department curriculum meetings.
- 3) Improvement of student/faculty evaluations.

(Cont. Next Column)

GOLDEN RULE (Cont.)

- 4) Recommendations for alternative methods for academic dean search procedures.
- 5) Student representation on dean of students and academic dean search committees.
- 6) Numerous recommendations for physical plant improvements which will be initiated beginning this summer (including clinic reception room).
- 7) More effective security plan, including an outside security building, to begin Sept. 1980.
- 8) Alternative plans given to academic committee to alleviate cheating issues.
- 9) Effective student input meetings with both administrative staff and department chairpersons.

Being the President this past year, I have come to realize the need for both the students and faculty to work in harmony to improve the attitudes at I.C.O. A fellow colleague once told me "The secret to being successful is by treating others as you would wish to be treated by them", Now is the time to initiate this way of thinking here at I.C.O.

We do have the makings of a great school - Let's not lose sight of this ideal!

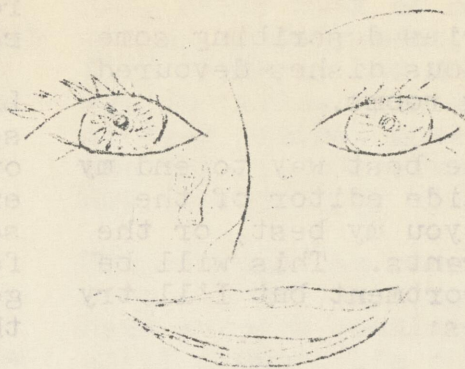
Respectfully,

Dick D. Pesavento
79'-80' President of I.C.O. Student Association

(Cont. Next Column)

ALUMNI REPORT CONT.

houses this year in the Alumni office to get to know you better. Let the Alumni Association know you support their work by signing up for a student membership in the Alumni Association. (There is no cost to you).



REFLECTIONS ON THE SMILES

ATTENTION FOURTH YEAR STUDENTS

Anyone interested in being the Editor of the Alumni Funded - Class of 1980 Newsletter, please contact Mark Wilkinson, Box 574.

In September 1976, the ICO enter-

ing class looked eagerly forward to the learning and experiences which would lead to graduation. Now that class is graduating, and its members smile more broadly than they ever did while at ICO.

FREE AOA STUDENT MEMBERSHIP

AOA membership forms were put in all 1st, 2nd, and 3rd year mailboxes on May 8th. There are still approx. 100 people who have not taken advantage of this membership. All students at ICO are members of AOSA, but we are not members of AOA unless this application is filled out. A list of those who haven't joined and a box for applications has been placed in the hall across from the mailboxes. Your promptness in returning this application will be greatly appreciated.

What could have been valuable, enlightening experiences had often proved instead to be a conglomeration of too many poorly planned deadlines, too many requirements at the most stressful of times, and too many false reassurances of the possibility of change. They smile to leave this bitter existence behind.

They smile also to hide their tears of sadness in leaving friends, and to mask the fear of facing finally the real world.

Hope colors their smiles.

Cathy Cochran

Thank you,
Colleen A. Howe
AOSA Trustee

To all the friends who contributed in so many ways to the successful publication of five issues of the FOCUS this year, I would like to say a heartfelt thanks. Good luck!

Cathy Cochran
Editor

FOOD GUIDE

Part of a series describing some delectable delicious dishes devoured in Chicago dining rooms.

I suppose the best way to end my career as food guide editor of the Focus is to lend you my best, or the can't miss restaurants. This will be a hodge podge assortment but I'll try to cover all bases:

FAMILY HOUSE 2421 W. Lawrence. Great for fresh fish (flown in daily), excellent Greek food, and good service. Call on weekends for reservations. 334-7411

GRECIAN FRISTORIA 2412 Lawrence. Live Greek band, good food and lots of it. The eight course combination dinner is \$7.50 per person but worth it. No way can you finish it all. Reservations for over six taken: otherside get there before 7:30 pm on weekends or be prepared to wait.

GIORDANOS 2204 Lincoln. Stuffed pizza - excellent. Figure to spend about \$10.00 of more on the pizza but it's worth it.

DAC HOE 2741 Devon. Korean. Excellent sweet and sour red snapper. The list of appetizers is superb. The food can get spicy so ask the waitress. Try one of the octopus dishes you'll be pleasantly surprised. 274-8499.

CARSONS THE PLACE FOR RIBS. For \$8.50 no doubt the best ribs in Chicago. On weekends prepare to wait one hour, but the piano bar is real comfortable, plan to spend several hours.

CAFE BOHEMIA 138 S. Clinton. Wild game, lion, moose, elk, unique dishes to say the least. A restaurant that is really different. Prices run a little higher but for that once in a while dinner, it is the place to go. 782-1826 for reservations.

THE BERGHOFF 17 W. Adams. The bar, formerly a men only establishment, has excellent beer, dark or lite. The restaurant offers many German

favorite: salmon, veal, pot roast, fish. Good food and very reasonable prices. No reservations.

LA CHOZA 7630 Paulina. No liquor served here so you have to bring your own, which makes eating here inexpensive. Authentic Mexican cuisine served with this hot sauce on the side for those who enjoy it. Like any good restaurant, prepare to wait on the weekends.

HASHI KIN 2338 N. Clark This small establishment serves some of the best Japanese food for the money in Chicago. The tempura, teriyaki, and sukiyaki are all very tasty. Try the sushi (raw fish) appetizer plate about \$5.00 and good for 4 people. Dinners \$5 to \$7. Reservations taken but not always honored. 935-6474

LAWRYS - THE PRIME RIB 100 E. Ontario. Needless to say, prime rib - 3 thicknesses - is the only entree. Prepare to part with \$15 per person at least but you'll have to look far to find better. Another great place for that occasional dinner out. Reservations 787-5000

MATEGRANOS 1321 W. Taylor. Italian and all the food is home made and worth the short wait. Good wine list, really reasonable prices and good service. Don't leave Chicago without trying this restaurant. 243-8441.

PATRIA 3030 N Central. Great Polish food. Located at Central and Belmont, from ICO about 20 minutes but the veal medallion (omlett with veal cutlet and mushrooms) is worth it. Most dinners less than \$6.00 dessert included.

PARTHENON 314 S. Halsted. One of the best in Greek town, this place is busy on weekends, but service is good so the wait is usually short. Good fish and the spinach pie is really the best I've tasted. Most dinners run for about \$5 to \$6. 726-2407.

RODITYS 222 S. Halsted. On par with the Parthenon. Great food, the fish is usually fresh. A red snapper dinner runs about \$8 and you'll bring some home as the portions are almost enough for 2. Try the very tasty squid, and other Greek specialties.

RON OF JAPAN 230 E. Ontario. Try this place for that special dinner. Great food, dinner is prepared at the table. The tropical drinks are expensive and potent. Plan to spend at least \$50 for 2 but dinner here is worth it.

MI CASA SU CASA on southport just north of Fullerton. Mexican food is finest. The owner plays guitar on the weekends. Dinner for 2 about \$20 with drinks. The food is well seasoned and the hot sauce is on the side. Service can be slow but the atmosphere is pleasant. Try some Dos Equis with dinner - it's designed for Mexican food.

THREE HAPPINESS 216 W. 22nd pl. Well prepared Cantonese food. Try won ton soup, pork or beef with bean curd (tofu). The bilingual menu is about 20 pages long with all sorts of interesting dishes to try. Most dinners are \$4 to \$5. Good food for not a lot of bucks.

ZURN DEUTSCHEN ECK 2924 N. Southport. This is a large beautiful old German restaurant with music and dancing on the weekends. Dinners run from \$4 to \$10 and can settle the most hearty appetite. Reservations are honored for groups. 525-8389.

GINO'S EAST 160 E. Superior. Thick crust pizza is the house specialty. Prepare to wait on weekends up to an hour or so. A great place to go after clinic during the week however.

Last but not least, the restaurant that really inspired me to write this column is right in our own back yard. Now you probably think I mean Sauers by State Street. No, but that's a good guess. Maybe Ricobene's for lunch? No that's not it. Give up? Try the Brady Barns on 33rd and Michigan. All you want to eat every

day, every meal of chicken, ribs, pizza, mystery meat, rainbow beef, fist burgers, and much, much more. Prices varies with meal. Long lines at peak periods move quickly so come and get it. Reservations are usually not needed. Say hi to Mary.

This column has been a lot of fun. I've enjoyed writing it, I hope you have enjoyed reading it. Well, until dinner, I'm out to lunch.

Ric Nuccio

CHICAGO JAZZ SCENE

Next to New York, Chicago is one of the finest live jazz meccas in the United States. The contributions of Chicagoans have in the past and present continued to shape the direction of Jazz.

Most of Chicago's young musicians attended DuSable high school. Many of the finest bebop era saxophonists came from this city. A partial list of these include Johnny Griffin, Gene Ammons, Sunny Stit, James Moody, Red Holloway, and others.

These men helped to develop that "Chicago Boss Tenor" sound that would ultimately influence such great post bebop giants such as John Coltrane and Sunny Rollins.

Many clinic patients have told me of their experiences hearing Charlie Parker and Sunny Stit here on the south side in the early 50's. Jazz, as one of the few true American art forms, has had the majority of its contributions made by blacks. This is most likely due to discrimination in other traditionally more formalized aspects of the musical world (orchestras and bands). At present the Chicago Symphony Orchestra does not have any black members.

If you feel you would like to hear more than disco-funk-punk-kitty-cat-jive you may want to check out some of the local jazz spots. Check the Weekly Reader or call the "Jazz Hotline", a telephone recording put out by the U of I Circle Campus.

Ron Singer

THE DISTANCE SYNDROME -

The Distance Syndrome is a bipartisan syndrome, displaying a complex and multifaceted array of degenerative emotional feelings accompanied with varying amounts of pain.

Etiology

The theorized causative agents consist of the need for steady companionship with or without additional sexual satisfactions.

Note: Due to the nature of modern society, it appears difficult to obtain continuous companionship without the added rewards of sexual favors, although no known studies have been completed to date.

The accompanying pain does not seem to stem from any pathological conditions but rather due to mental confusion elicited by conflicting personal needs. This first need or desire as stated above is that of continuous companionship. The second and more important is a closely paralleling desire to obtain this type of companionship from an individual who through time has proven able to provide this need in a most efficient and rewarding manner although geographical parameters do not permit its occurrence. Thus the resulting confusion forces the person to take appropriate self survival techniques of decreased desire for the second and more important need in order to alleviate the symptom of pain.

The resulting consequence is usually a searching for a replacement of this second need either accepting one of differing or equal caliber, with the most probable loss of the initial provider.

Aside: The loss of the initial provider is usually the result of two separate but concurrently occurring phenomena. The first is due to the inability of the initial provider to cope with the temporary loss of their efficient and rewarding partner with a possible loss of desire to re-unite at a future date. The second and actually a continuation of the initial problem begins when the initial provider

alleviates the geographical parameter primarily responsible for the syndrome. This results in a re-occurrence of mental confusion with accompanying pain induced by the choice of two available providers. The selection of one being the main stimulus to confusion.

As of this date no known simple cures have been discovered. The rate of occurrence of this syndrome has made it necessary to emphasize the need for exceptional communication between the two initially involved individuals so that the initial confusion and pain are minimal and that the second re-occurrence does not occur. Any additional solutions will be most happily considered.

Additional note: This syndrome seems to have affected many people here at I.C.O. I hope, through understanding you have been able to cope with the many symptoms presented.

Steven Wigdor

Editors note:

In other words, long distance relationships are very difficult to maintain.

A Fairytale

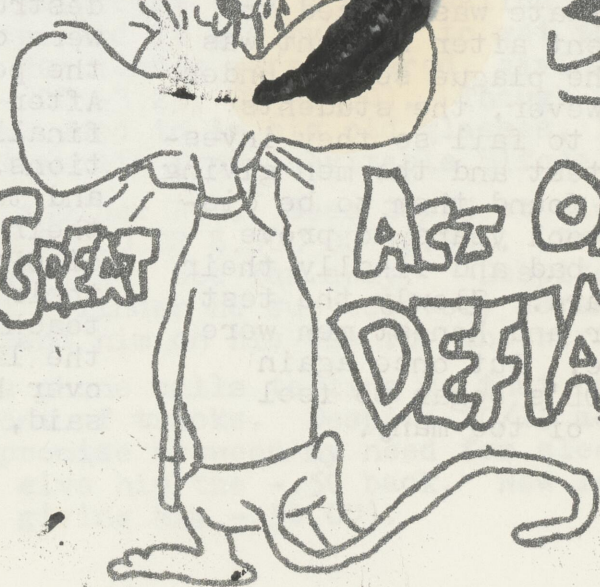
by Magic

Once upon a time
There was a profession called Optometry. Enrolled were a group of young men and women called OD's with intelligence, ambition and some luck. These men were strictly professional, of high ethical standards. They went out into society and started up practices in the only way available: cold - not an easy thing to do even back then. With hard work over the years they amassed a fortune in their practices and they wished to sell them when they retired. However, at the time there was a shortage of OD's to buy the practices and something had to be done. But what? Well of course - build more optometry schools to increase the number of people to buy the available practices.

(continued page 10)



THE LAST GREAT ACT OF
DEFIANCE



In this way patients would get continuing care, OD's would have a base to build on and no one would lose money. The plan was implemented and more optometry schools were built, more students were graduated and more practices were sold. Everyone was happy.

But as time went on a great plague came over the nation and the professional OD's started to see many of the new and older OD's catch the plague. This plague gave the new OD's an independent way to build a practice instead of buying into an established one. It also gave the older OD a chance to sell his practice early and still be able to make money. This plague was seen as such a threat to the ethical OD that they became scheming in order to survive. So they formed a group and as luck would have it came to power. To keep its members healthy a great psychological barrier was set up and the OD's were split in half: those with the plague and those immune. Neither group was to associate with the other for fear the plague would spread. They also realized the plague was fed by new OD's and they set out to stop it. After much thought they decided that they could not close the Optometry schools because they were making money. So a plan was devised to give a test and require that everyone take it. It was given only once a year and so hard, so ambiguous and so secret that they were able to control the OD's and the plague. As expected state after state was forced to comply, student after student was failed and the plague seemed under control. However, the students did not like to fail so they investigated the test and the men giving the test and found them to be dishonest. It took years to prove the test was bad and finally their voice was heard. Slowly the test was made fair and honest men were put in charge. But once again the ethical OD's began to feel the pressure of too many.

So another great plan was devised. This was the most sinister and risky plan ever but the time for its birth was right. They raised the tuition so high that no one could afford it. Starting with the small schools and working gradually to the bigger schools finally all had a monstrous tuition. Weel, the plan worked, tuition went up and up and up, student after student dropped out, and the number of applicants decreased and the business of Optometry recovered from the plague.

But all was not well for Optometry, for another force which always had been present quietly set out to destroy the OD's. This was a powerful force with money, prestige, and respect in the community. The force realized the one weakness of Optometry, technology, which they decided to use against the profession. Slowly advances were made: auto refractor, dioptron and humphrey were the pioneers. Year after year they got better and faster and finally more accurate than the OD's themselves. However, the OD's disregarded the new threat, being still preoccupied with eradicating the plague and purging their members. Knowing the OD's were divided, the force devised a plan to use the OD's to train others to run the new machine, perform slit lamp, CL, and worst of all BVA. The others learned their trade well and began to grow in numbers, soon out numbering the OD's. The others and the force were joined in common cause for the destruction of the OD's. The OD's were caught in the middle between the power of the force and the others. After years of waging war, the OD's finally were beaten by the two factions. Their schools were closed and turned into Jewel's, one by one their practices dies, the heroes of Optometry were put into museums, their books into libraries, and the teachings laid to rest. Bust as the last OD lay dying, he called over his attending physician and said, "Which is better one or two?"

The End

THE GIVING OF MINUS LENSES TO APPEASE A HABITUALLY OVER-MINUSED IRATE NEIGHBOR

By Ken Minarik

October 27, 1979 - It was a cool day in Chicago. I was working the afternoon refracting shift with my partner, Mike Cypress. Our Captain was Doctor McAlister. My name's Minarik. I'm (almost) an optometrist.

It was 11:00 AM in the big city when Ken B. first stepped into my "office". I knew that I had seen this 42-year-old pre-presbyopic compound myopic astigmat somewhere before. It wasn't until later that he reminded me that 3 months earlier I had met him at a party in my neighbor's apartment, and he was also my neighbor. I quickly remembered the history of this chemical engineer who had not been examined for two years and had annual hay fever problems in the fall. His impending divorce was being finalized and he wanted to get into the "swing of things" by getting contact lenses. I decided to take the case.

A quick sweep with my trusty retinoscope showed me his habitual Rx looked pretty good ($-4.00-1.50 \times 4$, $-2.25-1.50 \times 170$) and his 20/15 acuity was nothing to sneeze at. After a quick 21 points and a discussion of the weather, I gave him a quick PBU (+.75) and put a lot of faith in his 7 Diopter Number 19. Little did I know the trouble I was getting into. . . .

I hustled him into the C.L. department where his 1.75 diopters of with-the-rule on the cornea made me pause for a moment - hard or soft? Well, after two lengthy interrogations and trial visits (And 2 soft-fit credits) (HC II/8.6/13.5/-1.25 x 180 and Durasoft TT/8.6/13.5/+1.25 x 90) I went for my trusty Master control set and fit him one diopter steep OD and .50 steep OS. This is where I made my first mistake, my failure to convert for vertex distance on this incipient presbyope was going to hurt me later.

December 19, 1979 - It was a cold day in late December when I finally got a chance to dispense Ken B. A quick sweep of my retinoscope confirmed one of my earlier fears--OD +.75. But then came my first surprise. OS +.75! I quickly dismissed the patient and hoped silently that he didn't have much reading to do in the next few weeks.

January 8, 1980 - Ken comes in for his first P.R.. Says he's very happy; can put the lenses in and take them out, goes to discos a lot, finally got rid of the ex-wife. The only minor problem is that he can't read anything. The fit of the lenses looks good, but my trusty retinoscope and handy #7 provide me with a big surprise: OD +1.75 sph OS +1.25, 20/15 acuity OU. It didn't take a slide rule to figure out that this was no longer a vertex distance problem. I suspected that I was dealing with a habitually over-minused pre-presbyope and it was my duty to get that extra minus off of him - All of it. New lenses were ordered, giving him +1.75 OD, +1.25 OS. (Resulting power - OD -3.25, OS -1.50). Though I was giving him .75D less minus than he was used to in his old glasses, I was proud to be saving this future John Travolta from inevitable bifocals.

January 15, 1980 - Ken returns for another P.R. Sees 20/15 at distance, 20/20 at near. Monocular Donders OD 8.00D OS 8.00D OU 10.00D. Patient says, "I can read great, doc . . . I just can't see far away." Despite 20/15 distance acuity and no residual cylinder he subjectively demands another -.50D OU. I pacify him and send him on his way for another week.

January 22, 1980 - Ken returns after three phone calls telling me that he can't see anything and keeps walking in front of trucks. Despite 20/15 acuity, he wants that -.50 sph OU. In a compromise between my need for sleep and the battle against presbyopia, I give him the -.50 back. New lenses are dispensed (OD -3.75D, OS -2.00D, giving him -.50 OU).

January 28, 1980 - Ken returns. He shows 20/15 acuity at far and no residual cylinder. Despite an O.R. of +.50 OU, he complains again of subjective blur at far. I quickly reach into my functional-vision-bag-of-tricks and pull out my trusty +2.00 flippers. I brilliantly deduce that his habitual condition of being over-minused at far has given me an accommodative cripple. I dispense the +2.00 flippers and send him flipping off into the sunset.

February 17, 1980 - Ken returns. Has a Donder's amplitude of 10.00D; he can flip the +2.00 flippers at 25 cycles/minute. Loves to read all day. Ken practices far-near fixations every day. One problem. Says he can't see at far. Acuity 20/15 OU, over-refraction plano to +.25 OU. My nerves already frazzled, I consider over-minusing him by six diopters and fitting him with trifocal execs. But, cooler heads prevail and after a couple of valiums I went to the "big one" . . Doctor Yasko.

We reviewed the case. Chomping on his cigar, the Captain concludes that "presbyopia is here" and I have simply been too "nice" to this guy by changing the lenses every time my neighbor has subjective problems. I should "leave him alone for awhile".

March 7, 1980 - I prepare for clinical seminar, my eyes bloodshot from fretting over another 7:00 AM phone call from you-know-who. I look at my trusty typewriter. If only I could tell them the whole story . . .

March 11, 1980 - It was a cool evening in Chicago; I was resting comfortably in the hall outside our dispensing department. Three whole days have passed since I'd presented the frustrating case of Ken B. in clinical seminar, and my mind was finally relaxed as a result of the emotional catharsis that crying on everyone else's shoulders had brought a few days earlier.

Suddenly and without warning, a page from the front desk startled me. It aroused my worst fears . . . If I were to "Pick up 507" as instructed, I feared that the voice at the other end of the line was inevitable. Despite my better judgement, I squeamishly answered the phone. My fears now had substance for it was Ken B. again.

March 12, 1980 - Fifteen hours have now passed since Ken's phone call. After a good night's sleep and two glasses of wine I have prepared myself for Ken's next P.R. with a grim determination not to get frustrated. The first few minutes of the P.R. are uneventful: wearing time this exam - 7 hours; K-readings - no significant changes; acuity 20/15 (OD, OS, OU); near acuity 20/20 (OD, OS, OU). Just one problem. Ken says he can't see things far away.

Once again I explore the inner reaches of his mind in order to obtain evidence if this is truly a functional problem or he was simply trying to torture me. Ken noted that when he took a three day vacation into the mountains, after a day or so, his vision was "fantastic". I immediately assumed that he was still spastically accommodating due to his nearpoint stress at his job: I gave him back my trusty + 2 flipper and hoped for the best.

May 5, 1980 - Nearly a month has passed, and I'm feeling really quite wonderful for a number of reasons; one of them being that I have moved out of my building and no longer have Ken for a neighbor. But, no matter how long I managed to avoid them, it was inevitable that some day I had to answer the stack of phone messages that were tacked to the memo board outside dispensing. There were 6 messages in all - 4 of them from Ken. I brought him in later that afternoon for a P.R..

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It is the afternoon of Monday, May 5. 20/15 acuity at far; lenses look fine; subjective blur at far. Not affected by a blink. I consulted with Doctor Jan Jurkus for the first time. "You're not going to believe this one," I said, fumbling with a cigarette and stopping just in time to realize that I don't smoke anyway. I presented her with the file and let her read the 2 page single-space typed legacy of Ken B. that I had presented in Clinical seminar 10 weeks earlier. She laughed in all the right places - I was encouraged to find someone new amused at my dilemma: Perhaps she could shine a new flashlight into the bottomless cavern that the saga of Ken B. had become. But, alas, she paused only to wipe away the tears of laughter and suggested a touch-blend and regular P.R.s.

It was then that I realized the stupidity of the entire situation. Here I was, almost a doctor, suffering from that incurable disease known as guilt. I was continuously holding myself responsible for Ken's misery; I was letting my own insecurity about C.L. fitting effect my tolerance for Ken. In short, I never believed in myself enough to say, "This is it! This is the best that anyone can do!" I thought for a long time about what I had learned from this experience - On these final days, it is time for us to gain confidence and start to reap the benefits of authority that 8 years of college can bring. I was going in there and assert my conscience. As I entered the room, a second thought came to mind - Had I been tolerant enough? God knows we all have "Senior-itis" .. Is our boredom and anger at still doing exam after free exam for the glory of our alma mater making us all bitter skeptics? Should I tolerate him, or terminate him ???

May 6, 1980 - One day later. I am pleased to find a message awaiting me on the message board. It is a note from the third year intern taking over my active cases, thanking me for the case numbers and descriptions. I laugh quietly and snicker at my own deviousness for giving this intern's home number to Ken B. Softly chuckling, I folded the note and put it in my pocket and headed off for the Cubs game. Yes, ICO has taught me well - I have learned how to pass the buck.

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CONGRATULATIONS

AND

Good Luck

Class of 1980!

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